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Vol. VI No. 9

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PUBLISHED MONTHLY BY THE
AMERICAN INSTITUTE OF HOMŒOPATHY
917 Marshall Field Building
CHICAGO, ILL.

Subscription Rates: United States and Mexico, $2.00 a year in advance. Postal Union, $2.50 a year in advance. Single copy, 25 cents.

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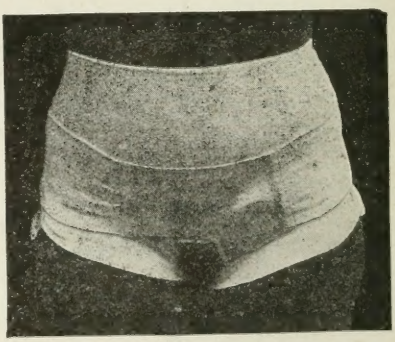

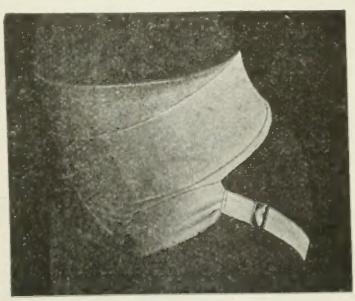

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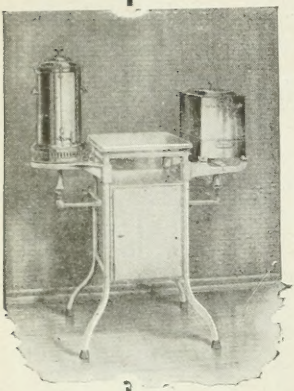

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Vol. VI **MARCH, 1914** **No. 9**

Surgical and Gynecological Society.

LANE'S KINKS.

DEWITT G. WILCOX, M. D., BOSTON, MASS.

In considering the various stases, obstructions, constipation and obstipation to which the intestinal tract is subject, we must not overlook that particular narrowing of the lower end of the ileum due either to a developmental defect or to inflammatory adhesions in and about the juncture of the ileum with the cecum. Charles Mayo tells us that in dealing with intestinal stasis in which the seriousness yet obscurity of the symptoms required a larger incision for exploration than was usually made for removal of the appendix when it was unmistakably diseased, he had noticed for a number of years a definite kink of the ileum within three inches of the ileocecal valve. He said it did not occur to him, however, as a definite lesion until Dr. W. Arbuthnot Lane of London called his attention to it in 1910. The very wide experience which the latter observer has had in dealing with this form of intestinal obstruction obliges us to keep such a condition well in mind when treating cases of apparent appendicitis, yet wherein the appendix proves to be perfectly healthy when exposed.

To have a comprehensive idea of what the Lane kink actually is, we must go back to our embryologic studies and notice the manner in which the intestinal tract is developed. About the sixth week of fetal life we find a well-defined stomach and the rudiments of an intestinal tract. The ileum joins the cecum at such an oblique angle as to make it appear almost like a continuous tract. There is no apparent break between ileum and cecum. This latter structure is well up toward the liver so there is no ascending colon, the transverse colon begins at the cecum and continues on its course into the descending colon. At the third month the appendix appears as a slender curved tube projecting from the cecum. At the time of its appearance and for some weeks afterward the appendix has the same caliber as the cecum. Soon, however, the cecum outstrips the latter and the normal relative difference in size appears. About the time the appendix appears, the cecum begins to descend from its position under the liver, and the ascending colon is gradually formed. At the end of the seventh month the cecum lies below the right kidney and at the end of the eighth month it passes the crest of the ilium. The descent of the cecum, however, is not equal and coincident with that of the ileum, for we find that when the cecum has reached the crest of the ilium, that the angle at which ileum and cecum join is much more marked and now becomes more of a right angle. This is due to the fact that the mesentery supporting the ileum is shorter than that of the cecum. Now if there should be a congenital defect whereby the mesentery of the ileum was unduly short or the cecum sank unusually low in the pelvis, the ileum at or near the juncture with cecum would be suspended causing an acute angle of the ileum at that point. Here then we have a biological explanation for the congenital formation of a Lane's kink. But we have also a pathologic explanation for the later formation of such a kink. Granting that the development process may be normal in all respects, but later in life the patient develops a constipated habit and the cecum becomes more or less constantly loaded with fecal accumulation, while the ileum is empty. This produces a falling or ptosis of the cecum, and in so descending, attempts to draw down the ileum with it. But the ileum notwithstanding its long and close associations with the now fallen cecum, prefers to maintain its self-respect and

family position and refuses to be dragged down by the cecum. In this dignified stand it is aided by the strong connections it has with the back bone through the relationship of the mesentery. In other words no matter what may be the desires or weakness of the ileum, it is prevented from falling into the pit of the pelvis by the support of its relative, the mesentery. But immediately this causes a family row. The cecum, which is already down, is pulling hard at the head of the ileum, determined it shall follow, while the relative, the mesentery, is holding the ileum around the waist and keeping him back. The result of this pulling and hauling is to double the ileum like a half-closed jackknife. Soon there follows a lessening of the caliber of the ileum at this acute flexure with a corresponding distension or sacculation of that portion of the ileum just anterior to that narrowing. If now there is set up any peritoneal inflammation either in the form of an acute appendicitis, a perityphlitis or a localized peritonitis, there is sure to be formed adhesive bands between the surfaces of the angulated gut. We now have a veritable Lane's kink and it requires no description to get an idea of the amount of constipation and acute suffering which such a condition entails; the severity depending entirely upon the degree of angulation, the lessening of the intestinal caliber and the density of the adhesion. About the time that Arbuthnot Lane discovered the ileum kinks, Jabez Jackson presented a paper in which he called our attention to certain cases of appendicitis showing at operation a veil or new formed peritoneum over the cecum and ascending colon. Jackson claimed that where this veil existed, the patients were not often cured by the simple removal of the appendix, but that they could be cured by the removal or partial removal of this adventitious peritoneum.

The Mayos believe that this condition, the so-called Jackson membrane, is a congenital defect due to the late descent of the cecum into the pelvis and the pushing of the parietal peritoneum down ahead of it. These conditions of kinking in the ileum with adhesions and the formation of the Jackson membrane are not products of the pathologist's imagination nor inventions of the surgeon to find further excuse for operations, but real tangible conditions which have been demonstrated hundreds of times in the autopsy room and many times on the operating table by surgeons who have supposed

that an offending appendix was the sole cause of a right-sided pain.

Suppose we take a glimpse of the symptoms produced by a well marked case of Lane's kink. As the stomach seems to be the headquarters for all nerve impulses affecting the organs of the abdomen, it is to that organ that all disorderly conduct on the part of abdominal viscera is referred. It is a safe statement and one borne out by fact that not over one in ten persons who complain of stomach distress have actually any disorders of the stomach itself. Is it the gall bladder which has became infected and refuses to hold its allotted quantity of bile? Immediately it telegraphs its trouble to the stomach and the responsive stomach sympathizes so deeply that we are deceived with the belief that the trouble is there and we allow the gall bladder to escape unsuspected. Or, has the gall bladder became clogged up with stones and is it making frantic endeavors to rid itself of the burden? The stomach seems to be the organ affected. Is it a floating kidney? How frequently nausea and vomiting become the first signals of distress. Is it a pregnant uterus or a fibroid? The stomach is the first to proclaim that something is wrong. Is it an inflammed appendix? Almost the first symptom is vomiting. So it is with a kink in any part of the intestinal tract. The stomach is the first organ to take cognizance of the altered process and continues to send forth such a volley of symptoms as to mask the real condition. In the vast majority of cases of a kink in the ileum even though it be slight, there is flatulence, periodic indigestion, distention, occasional colic, and generally constipation; frequently there is colitis. As a rule there is tenderness on pressure extending from the umbilicus to the appendix. Those patients who are subject to acute attacks of severe intestinal colic after eating something a little out of the ordinary line of diet, especially if they have a history of chronic constipation, are to be suspected of having a Lane's kink. Every surgeon can testify to the number of cases of obstinate indigestion which have been cured by removing an adherent appendix. In such cases the breaking up of the adhesion about the appendix and the cecum liberates the imprisoned ileum and the patient was cured not of his appendicitis because he did not have it, but of the ileum kink. Conversely, every surgeon will tell you

with disgust of the number of cases wherein he removed a normal appendix for what appeared to be a clear case of chronic appendicitis only to find later that he had not relieved his patient at all. The reason the patient was not relieved was because the appendix was not the real offender but rather a fallen cecum which had dragged a resisting ileum with it, thus producing a Lane's kink.

Now what is the lesson of all this research into embryology, physiology and pathology? Just the one lesson which we are trying to learn in every such study—the surest, safest, and speediest way of curing our patients. There is little difficulty today in recognizing a plain uncomplicated case of acute appendicitis. One having no prolonged previous stomach distress, no constipation, no intestinal indigestion, nor chronic tenderness. Such cases should have the appendix removed at the most appropriate time consistent with safety. In such cases a surgeon may be excused if he does nothing more than remove the appendix without a further search for adjacent pathology. But in the class of cases just defined, in the light of present day knowledge, he would commit an inexcusable blunder if he failed to make an incision sufficiently large to expose the cecum and explore the ileum.

The next practical question is, how should the surgeon proceed when he finds a Jackson membrane or a Lane's kink?

The adventitious membrane which covers the coiled up appendix, the end of the cecum and the juncture of the ileum like a transparent veil should be removed sufficiently to liberate the ileum and get rid of the appendix. If the cecum is abnormally low in the pelvis and the liberation of adhesive bands holding the ileum in its abnormal angulation is not sufficient, then the cecum should be drawn up and its mesentery shortened by taking a fold in that structure sufficient to prevent its dropping lower than the ileum can follow.

Further, a very essential detail is the pouring of sterile olive oil into the abdominal cavity just before closing up. I am convinced there is no better procedure for the prevention of further adhesions than the use of the oil. I have made it a universal practice to employ it in all cases where adhesions are liable to form. I went so far two weeks ago as to use it in a shoulder joint case where I was obliged to open the joint

to replace a chronic dislocation of the humerus. I am confident that it proved beneficial in that there has been no adhesion or suggestion of anchylosis following.

If we are to believe that our chronic cases of apparent appendicitis may be complicated with kinks and membranes, then it becomes apparent that our once proud achievements of removing an appendix in an inch and a half opening and doing the operation in a minute and a half is all wasted glory. It is an exhibition of neither skill nor good judgment to follow the example of Robert Morris in that respect any longer. It seemed rather a sad commentary on thoroughness, after all the emphasis which Charles H. Mayo had placed upon the necessity for a careful exploration of the abdominal cavity in all cases of doubtful appendicitis, that he himself should become a victim of that mania for making a rapid operation and a short incision in getting out his appendix. Had the surgeon who operated upon Dr. Mayo heeded the teachings of his illustrious patient he would not have been obliged to face the mortifying necessity of opening the abdomen a second time and draining a diseased gall bladder which was the real offender after all.

Two cases will serve to illustrate these conditions. A man, aged twenty-five, had had two attacks of appendicitis. Neither was severe, but he had suffered for six years with distress in the region of the cecum. He was constipated, easily nauseated, and sensitive over the appendix. Six years prior he had been in the West and had an attack of fever which affected his bowels, supposed to be mountain fever. While he regarded himself well, yet he was obliged to be very careful of his diet and exercise. The operation revealed a Jackson membrane so delicate that it required careful inspection of the cecum to find it. There was a distinct Lane's kink which lessened materially the caliber of the ileum. The removal of the appendix together with the Jackson membrane and the release of the ileum adhesions restored the patient to good health.

Another case. A man, aged thirty-six, had had two attacks of obstruction of the bowels; the first came on when he was thirteen years old; three years ago he began to have nausea and vomiting. This continued one year during which time he was not able to retain food in any quantity. He began using alcohol which increased his suffering. He went to

the City Hospital, Boston, and was there treated for gastric ulcer, obtaining some relief after the treatment, but the distress returned. He went to the Massachusetts General Hospital one year ago and was treated for diabetes. He left feeling no better. Later he returned and his trouble was variously diagnosed as syphilis, cancer, and gastric ulcer. When I saw him four months ago, his attacks of vomiting would be persistent after every meal for a period as long as three weeks. A study of his case showed a negative reaction for syphilis and no signs of gastric ulcer or cancer. The persistent tenderness over the cecum, the attacks of vomiting and the history of two seizures of bowel obstruction, lead to the diagnosis of Lane's kink. The operation proved the correctness of the diagnosis and the restoration of the ileum to a normal condition cured the patient.

The moral of this long drawn out tale is—study long and carefully every case of appendicitis; in all cases except perhaps those of perforation, make an incision sufficiently large to explore the gall bladder, the ileum, and in women, the right ovary. If the symptoms have been indicative of appendicitis, yet the appendix on delivery appears to be healthy, look carefully for the real cause of the trouble, which in all probability will be some kink or stricture of the ileum.

DISCUSSION

Dr. Crump: I enjoyed this paper very much. There are one or two points that I would like to emphasize, and one is the value of the right rectus incision over the McBurney. I think in so many cases, since we have come to know more about the Jackson membrane and Lane's kink, there are so many complications that are apt to simulate appendicitis, that we should take into consideration the advisability of an incision in the abdomen, which would make it possible to make these various examinations. The Mayo case drives home that point very decidedly. I just recently had an experience with a case that had been operated upon, supposedly for appendicitis. The woman had had two operations, one for appendicitis, and one a right nephrectomy. She was very miserable, and I was called in to do a third operation. The work had been done through a McBurney incision, and the appendix supposedly removed. To my surprise on opening the abdomen I found a Jackson membrane, with a retrocecal appendix. The appendix was practically normal, and showed no evidence

of inflammatory trouble, so that I felt that there must be some other cause for her trouble. She had a decided Lane's kink, but that would hardly account for the amount of distress and the number of adhesions. I ran along the bowel, as I do in a good many cases, and found a Meckel's diverticulum, with a decided diverticulitis. We find in nearly all of these cases a congenital malformation of the cecum. As the infant develops, this tissue gets in back of the peritoneum, and then comes down retroperitoneally and forms the Jackson membrane. We are apt also to have a Lane's kink and other rare malformations. I believe that where we find one rather marked variety of an embryological malformation, we should look further. In this case of reported appendicitis, rectrocecal, we had a Meckel's diverticulum as the cause of the trouble, and in separating adhesions we found Lane's kink. One of the little points of technic is always to cut the outer layer of the mesocecum or mesentery. This is a good thing to keep in mind, as the blood supply for all of these organs comes from the inner leaf. By cutting the outer leaf you can roll it over and handle the blood supply, and in these cases of Jackson membrane, if you will cut the outer layer you will get into the bloodless area, and can then handle easily the external blood supply.

Dr. Harris: I think Dr. Wilcox's paper is of marked interest. I have operated on a number of cases and found the Jackson membrane. I did not find any trouble with the appendix, but removed it, dissecting the membrane away, and the patient was relieved of all symptoms. I have wondered why the patients got well, thinking I had made a mistake in diagnosis. I would like to emphasize also the point in regard to the size of the incision. Some years ago I adopted the plan of making as short an incision as possible. Some of my patients did not get well, and a second operation had to be made for other trouble. Of late years I have been making my incision sufficiently large to introduce the hand and examine the other organs within the abdomen, so that I may know whether they are all right. If not I take care of them at the same time. In that way a secondary operation is many times prevented.

Dr. Becker: While we are talking about the appendix, and Lane's kink, and Jackson membrane, I want to say that during the last year I have had two cases of a great deal of interest to me. One was a case in which there could be no question about there being an abscess of appendiceal origin. The people were told that the appendix had ruptured and an abscess resulted. I was called to operate, and found the appendix almost perfectly normal, but found a pocket in the

meso-appendix. No Jackson membrane or Lane's kink, but in the meso-appendix was an abscess.

In the other case I was called to see a young man very close to rigor mortis. The abdomen was full of pus, according to the old school physician. I opened simply into the peritoneal cavity and let out a great deal of pus. The patient made a slow but good recovery. Last June he was taken with a little trouble again in his bowels. There had been no bowel movement for two or three days, and he had symptoms indicating obstruction. The old school physician gave him an active cathartic and his bowels moved freely. Along in the winter he developed a second attack which again was overcome by a cathartic. In April I was called one morning about five o'clock in great haste to operate on him. I reported at his home, and found that he had every indication of acute obstruction of the bowels. There was extreme vomiting, and inability to get anything from the colon. It was evident that there was some obstruction pretty high up. I made a median incision. I went to the left of the umbilicus, and began to follow along the intestines. To my dismay I found nothing there until I had passed down and reached the extreme lower right portion of the abdomen, where there was a cord almost as large as the little finger grown across. I made a counter-opening at this point. I found the appendix absolutely devoid of meso-appendix. There was simply a cord. There had been no rupture whatever. The tip was adherent to what had been undoubtedly the sac of an old abscess, and undoubtedly the adhesions underneath the cecum proper had contracted, making tension on the appendix, which had finally resulted in complete obstruction of bowels at that point. This case made me think that we may have trouble in the meso-appendix itself.

Dr. Biggar: Dr. Wilcox's paper has cleared up a case which I recently had. The symptoms were almost typical with those described. The abdomen was filled with flocculent serum, there was infection present, and in clearing away the Jackson membrane the patient was relieved. The appendix was not abnormally diseased to any appreciable extent. The patient made a good recovery.

I want to also speak about the oil which is used now. The use of oil is not a new thing, but it has just been revived. Twenty years ago, when I was assisting my father, we had a routine practice of pouring into the abdominal cavity sterilized olive oil. Then it was forgotten in the changes of the years, and the different things were tried to prevent adhesions until recently animal oil has been the latest addition.

Dr. Billings: Dr. Wilcox's paper is very interesting. I got in just in time to hear the last half. Dr. Harris spoke

about operating on a patient and finding the appendix apparently healthy. Did you remove the appendix, Doctor? (Dr. Harris: "Yes.") I was not clear as to that. About six months ago I had an interesting case of Jackson membrane, interesting from several points of view. I operated on the patient in a private house at 12 o'clock, noon, the patient was up that night by 12 o'clock, on the third day he was out to his dinner, and on the fifth he went to his home, ten miles in the country, and on the twelfth day he was shelling corn. He was a straight American and this was a wonderful case. This patient had had no less than twenty-five attacks of appendicitis. He was in bed from one week to three with every attack, and during the three years before operation he had been in bed most of the time. I met him one day on the street. He told me that he had appendicitis or something like it, and wanted to know if I would operate on him. He went to the office, I looked him over, and he said he wanted it done that afternoon. He was a big man, measuring six feet two inches, and seemed perfectly normal in every respect. Arrangements were made to operate on him the following morning, but when I went to his brother's house I found that he had gone to another house several miles away. I went out and brought him back. Found that he had drunk about a pint of whisky and several bottles of beer. He took the anesthetic badly. I made my incision, and found the cecum bound down by a Jackson membrane. I extended the incision, dissected off the membrane, and finally found the appendix. I removed the appendix by the Mayo operation.

The appendix was adherent to the under side of the cecum its entire length, about six inches, and completely buried by the membranous adhesions. In dissecting the appendix away from the cecum it was necessary to leave some of the muscular coat of the appendix.

Dr. Booth: I do not think the last word has been said in reference to this membrane. As to its source, whether it is a fold, or inflammatory product, from what I have been able to read, there is considerable controversy. I suppose likely I have come in contact with it without recognizing it. My first conscious introduction to it was about five weeks ago when I was called upon to operate in a case of obstruction of the bowels in a man sixty-nine years of age. The abdomen was so distended that I could not make out anything as to the location of the obstruction. On opening the abdomen I went to the appendiceal region first because of the symptoms, and there found a band or membrane, fully a quarter of an inch thick, covering over the entire cecum, the appendix and four inches of the ileum, drawing it up and narrowing its lumen. The lumen was not closed off entirely. The point I

am trying to bring out is the fact that that man presented a typical picture of appendicitis. The membrane was dense and fully a quarter of an inch in thickness, covering the whole structure.

Also, in the membranes I have come in contact with, the fibres all run more nearly transverse than commonly represented. In this case that I speak of, they ran almost directly transverse.

Dr. Chislett: I have one or two thoughts to add to Dr. Wilcox's paper. Many of the members present may think that the symptoms so graphically described are largely, if not wholly, functional. I should like to carry the thought a little further and say that while many of these symptoms are due to the mechanical obstruction, as the doctor has so clearly stated, they are greatly exaggerated by the profound toxemia which the obstruction causes. Such cases have not only the functional disturbances of the stomach and small intestine which Dr. Wilcox has described, but followed further produce those pathologic conditions resulting in the formation of duodenal ulcer. This has been determined so many times in late years in Guy's Hospital that Mr. Lane believes whenever he finds a condition of ulceration of the duodenum it is strong presumptive evidence of a primary obstruction in the lower ileum, due either to inflammatory changes or to congenital defects.

Many cases of pronounced intestinal toxemia due to this kinking are greatly, and even permanently, relieved by the ordinary operation for the removal of the appendix and the section of the constricting bands. But there are cases, especially those which have not been operated upon early, where the symptoms recur after a few months. In these there is usually a ptosis which seems to act as a factor in the prevention of proper fecal circulation and after from six to eight months all of the symptoms of toxemia will return. It is in these severe cases that Mr. Lane has urged so emphatically the excision of the colon. The ascending, transverse and descending colons are removed and the divided ileum implanted into the sigmoid flexure. The results are said to be astonishing and permanent. Where patients are not sufficiently strong to stand so extensive an operation, the colon is left in situ, the ileum divided and the proximal end inserted into a lateral incision in the sigmoid flexture. This form of anastomosis gives almost immediate relief but not always a permanent cure because of the tendency of fecal matter to regurgitate into the undisturbed colon which, acting as a reservoir, allows progressive absorption.

CANCER OF THE OVARY WITH RUPTURE. CHILD OF EIGHT YEARS

C. W. PERKINS, M. D., PRINCETON, N. J.

The occurrence of cancer of the ovary at the age of eight years, the misleading symptoms, the fact that an operation was necessary to give temporary relief, makes the writer believe this case is unusual in surgical literature.

At the Massachusetts General Hospital between the years 1870 and 1910 there were fifty-four cases on record of cancer of the ovary; in six of these there was no operation; in autopsies of the remaining forty-eight, there were nineteen cases where a considerable amount of ascites was present. Five cases were of sarcoma of the ovary, of these one case developed ascites. I am unable to obtain from the records the age of these patients.

There is a case on record published in the American Journal of Medical Sciences, February, 1912, by F. H. Lahey, M. D., of carcinoma of the ovary in a child of eleven years. But in a child at the age of eight years I have been unable to find any surgical literature or record of what seems to me a most interesting and extraordinary condition.

The rarity of sarcoma of the ovary at such an age, the rapid development of all symptoms, made this case almost impossible to diagnose prior to the operation.

Pfannensteil reports that in a large series of cases the average age for the occurrence of sarcoma of the ovary was thirty-two years, with forty operations in individuals under twenty-five years of age. We all know sarcoma is the cancer of the young and instances of sarcoma of the kidneys, bones and other structures are unusual but not rare. It is exceedingly difficult however to find in medical literature cases of sarcoma of the ovary and uterus with definite pathological reports. At best they have been meager records, making it impossible to group them so that they are of any value. It is said that sarcoma is almost always primary and if secondary it is from the uterine tumor. In this case the uterus was perfectly normal and infantile, there being no evidence of metastasis, except into the omentum, which upon microscopic examination was suspicious looking and subsequently proved sarcomatous. Whether the sarcoma was secondary

in this case to the omentum or to the ovary is the point in question.

It therefore may be concluded: (1) The accurate diagnosis of malignant tumors in young girls is rarely possible. (2) Fluid in the abdomen in a child, without general anasarca, provided pericarditis and cirrhosis be excluded, should always be investigated by exploratory laparotomy. (3) Ovarian tumors in young girls should be removed immediately. (4) The occurrence of metastatic nodules in surrounding structures is almost certain.

The case and operation are as follows: H. W., a little girl eight years old, had an apparent history of good health until four days before being taken ill with severe cramps in the abdomen. This condition was followed by nausea, with vomiting of a dark bilious nature; this was accompanied by great distress in the rectum. We were unable to move the bowels either by enema or catharsis. The case was diagnosed as possible bowel obstruction due to some unforeseen cause and she was immediately transferred to the McKinley Hospital at Trenton. On her arrival at the hospital she was given a careful examination. The following symptoms were elicited: pale, anxious, pulse 108, temperature 100, respirations 28, heart action regular but weak and thready. Her lungs were found to be perfectly clear, the respiratory action was good but accelerated. The abdomen presented a most interesting appearance: it was tense and rotund with distended walls, and upon manual examination marked dulness and fluctuation were felt. The abdominal veins were found to be prominent, associated with a protruded umbilicus. All the above symptoms being conclusive evidence of ascitic fluid in the abdomen. The urine was passed frequently and cloudy in appearance. A high enema was ordered and was immediately returned without result. A tentative diagnosis of probable tubercular peritonitis complicated with bowel obstruction was made. I decided to operate as soon as possible in order to ascertain the cause of this interesting condition. The patient therefore was prepared for operation and brought into the operating room.

A small incision was made through the skin and rectus muscle in the median line below the umbilicus. The peritoneum was picked up and nicked. Immediately the ascitic fluid

spurted out with great force. About two quarts of serous, sanguineous, odorless fluid was removed gradually, in order to prevent shock, which so frequently accompanies any sudden withdrawal of ascitic or cystic fluid from the abdominal cavity. After a large quantity of fluid was removed, the incision was enlarged both above and below, as there seemed to be a large, soft mass protruding into the wound. The examination of this mass showed it to be a rather large, rotund, dark blue growth extending over the greater part of the anterior abdominal cavity: this tumor impinged upon the viscera and omentum in such a manner that they were displaced upwards and backwards, and at this juncture they could not be seen. This mass was covered by a thin serous membrane and at one point could be seen evidences of rupture. It was now delivered through the incision and found to be attached to the left broad ligament in the region of the left ovary. The other pelvic organs, tubes, right ovary and uterus were seen to be in their normal infantile condition. The omentum was suspicious in appearance. A ligature was now thrown around the pedicle. The tumor was removed and the stumps of the pedicle united. A considerable quantity of sanguineous fluid still remained in the abdominal cavity, and some of this was removed with sponges. All the viscera were found to be in a disordered condition having been pressed upwards and backward as the result of the ovarian tumor. Hence the mechanical bowel obstruction and ascitis. The appendix was incidentally removed. The patient was now in a severely shocked condition and it was considered advisable to pour warm saline solution into the abdominal cavity. Considerable haste was now used in closing the abdominal wound as the patient was in a state of collapse. Happily she responded to treatment and on leaving the operating room was in a much improved condition.

Postoperatively she developed considerable gastric disturbances and a slight temperature; however, the wound healed in about two weeks and the child was up and about the wards in the hospital and she continued so for several weeks afterwards but she did not gain any strength or vitality. In six weeks' time she again developed marked ascitis in the abdomen and was again operated upon. The omentum was found involved with a marked sarcomatous condition, subse-

quently verified by pathological examination. The patient died the following day.

The result of the first pathological examination made of the tumor by Dr. Frederick Hammond, State Pathologist, Trenton, New Jersey, is as follows:

Examination: November 25, fresh state.

Specimen, a large, irregular oval-shaped, ruptured sac about the size of two fists.

The sac itself, where present, is thin, smooth and membranous; on one side of the mass there has been an extensive rupture and the membranous covering is missing.

The contents of the sac consist in a mass of grayish, pinkish and reddish, friable, structureless material which exactly resembles a massive blood clot in various stages, some being relatively recent and some older and entirely fibrinous. At one place there is an egg-shaped area about two and one-half inches in extent which on section presents the cystic, honeycombed appearance of cystic ovary. This area is intimately adherent to the rest of the mass and is covered on its external surface by the same sac which covers the rest of the specimen; it is separated from the later however by a fibrinous wall.

From the microscopic appearance of the specimen together with the clinical history, it is possible only to suppose the condition to be a case of cystic ovary with an extensive hemorrhage into the broad ligament. The nature of the tissue itself suggests no definite idea of the real underlying condition whatever, and it is doubtful whether the microscope can be of any material assistance.

Sections are taken from the degenerated cystic ovary and from the mass of clot-like material.

Microscopic examination:

As was suggested by the gross examination, practically the entire mass consists histologically simply of blood clot in varying stages of fibrinoid organization and there is nothing whatever in such sections by which to determine the true nature of the condition.

In one place, microscopically characterized by a cystic appearance, there is a small trace of tissue remnant. This consists in a few patches of cells lying in a loose areolar-like matrix. These cells are of round or oval shape and are not

unlike the cells of ovarian stroma or might even be considered as resembling sarcoma cells.

This is the only definite tissue structure in the entire specimen and in view of such a finding it is obviously impossible to arrive at any conclusion based on histologic evidence. It is possible, however, that originally the condition was sarcoma, which being followed by severe, massive hemorrhage, has largely suffered destruction.

Bureau of Homœopathy.

HYDRASTIS CANADENSIS

H. F. BIGGAR, M. D., CLEVELAND, OHIO.

Prof. A. O. Blair, of blessed memory, former Professor of Theory and Practice in the Cleveland Homœopathic College was accustomed to say to his classes, "If I had to practice medicine and were restricted to only one remedy I would select apis." For catarrhal disorders of the mucous membrane if I were restricted to only one remedy it would be hydrastis. Golden seal is a great Indian remedy for some of the ailments of the mucous membrane as well as the disorders of the digestive tract, and valuable as a general tonic. It was our grandmother's and mother's remedy for us children for canker sore mouth or sore throat. It is particularly and pre-eminently the remedy for catarrh of any mucous membrane whether of the mouth, throat, stomach, intestines, uterus or urethra, having a thick, yellowish ropy secretion. It is useful in the old, easily tired people, cachectic individuals with great debility, emaciation and prostration. Its action on the liver is marked and especially beneficial in scrofulous constitutions, also valuable in cancer and the precancerous state. It is also valuable in the goitre of puberty, in vaginal leucorrhea, nasal and maxillary sinusitis, and very valuable in colitis.

How many of the old reliable remedies are neglected and others of more recent introduction have displaced them as phytolacca decandra, pre-eminent in glandular swellings, calendula in open wounds including primary perineal and cervical lacerations, that have been restored without operations; plantago major for earache, frequently arresting the disease and thus sparing a mastoid operation; hypericum in nerve in-

juries, even anticipating postoperative tetanus; symphytum in periosteal and bone diseases and neuralgia of the stump; hamamelis in various congestions, hemorrhages, varicose veins and hemorrhoids, and silicea in scrofulous diseases.

I have knowledge of great invalidism of patients from vaginal and uterine catarrh even when the uterus was displaced; these patients have been restored to health by the use of hydrastis internally and locally. As adjuvant treatment to hydrastis in catarrhal and ulcerated conditions of the alimentary canal, barley water, made slightly mucilaginous, that is, thin barley gruel drank freely, has proved highly beneficial. I have knowledge of gastric and duodenal ulcers and catarrhal conditions of the gall bladder and sigmoid flexure of the colon cured by the use of hydrastis and the latter with the addition of the medicated colonic lavage.

I have knowledge of its value both in personal and consulting practice in acute and chronic catarrhal gastritis or inactive liver or gall bladder disease.

I have knowledge of its value in apparently moribund conditions especially in gastric and duodenal ulcers and cholangitis.

I have knowledge of its efficacy as a wash in epithelioma of the roof of the mouth with the internal medication of iodid of lime and nitric acid to complete the cure; where the advanced condition of the malignancy was so pronounced as to preclude operative measures.

The preparation which I have found most beneficial has been the aqueous preparation, the dose from five to twenty minims in a half or one ounce of hot water every four hours. The muriate of hydrastin 2x in chronic cases has proved beneficial.

Dr. Humphrey of Toledo speaks very highly of the muriate of hydrastin 2x in chronic digestive disorders.

DISCUSSION

Chairman: The paper has been presented to us by Dr. H. F. Biggar, Jr., in the absence of his father. It is a practical subject—the homeopathic use of *hydrastis*. Dr. Humphrey is here, and we shall be glad to hear him.

Dr. Humphrey: I am very much surprised to learn this paper is listed in the Bureau of Homeopathy. The fact of the matter is they are throwing two surgeons into the Bureau, and

it may cause a little relief from such scientific discussions as you have heard all morning.

The experiences related by the essayist coincide very closely with those of my own. Therefore, I endorse them without mental reservation. Thirty years' experience in the practice of medicine, no part of which has been done without the presence of this remedy and its frequent employment, compels me to have great respect for it in its particular sphere of action.

I find in looking over my case book which of course contains histories of subacute and chronic troubles only, many of which present distinctive gastric disturbances which have sought relief at my hands, that hydrastis has been prescribed as frequently as any other remedy. I find also that the prescription has been repeated more frequently than that of any other drug. Perhaps I am a routine prescriber. If so, all well and good. Nothing succeeds like success.

There are other reasons, namely, hydrastis has three special centers of action: the mucous surfaces; the digestive organs; the grandular system. Aside from its topical application to mucous surfaces, my own experience is confined to the digestive organs. So many cases come to the office complaining of not feeling well from a disordered digestion, empty gone feeling in the stomach, tongue coated a yellow moist fur; not dry but somewhat moist; it may be a long, loosely attached fur; the bowels may be slightly constipated, generally not so. These patients are pale or sallow. They possess a general indifference of mind or body, or both. There is not marked thirst, and no particular complaint about distention of the abdomen or belching of gases; appetite is poor. These cases almost always respond to hydrastin mur. 2x, 2 tablets every three hours.

We may conclude that some of these cases have a disordered liver. If the patient be a woman there may be leucorrhea and a general atonic condition of the uterus.

Whatever be the initial disturbance, there should be present the disorder of the mucous surfaces of the digestive tract above described, whose secondary effects are manifested in lowered nutrition, languor, etc.

If we expect to get results with hydrastis the dose should be just short of the physiological to increase the tone and thereby to restore the absorption of food materials, which in turn tones up the patient.

It is getting in early that has probably given hydrastis its reputation in cancer. In fact, it is very doubtful if it ever cured a case of cancer. I have seen it relieve and cure cases presenting all the symptoms of ulcer of the stomach, except hemorrhage. Knowing as we do that nearly all cases of cancer of the stomach are but sequences to ulcer, we can under-

stand how hydrastis secured its reputation in cancerous conditions.

I have not seen many cases of yellow stringy mucus described as a pure similimum and cannot, therefore, testify as to its efficacy in such cases.

Its action upon the glands applies to such glands only as are aids to digestion, namely: gastric glands, salivary glands, the liver and the pancreas. It has not been claimed to possess any direct action upon the lymphatics. Its glandular action, in fact all its activity, seems to be dependent upon its action upon the mucous surfaces of the stomach and intestines. By this action the absorption is increased, resulting in increased function and thereby increased nutrition to the body.

My favorite prescription is hydrastin mur. 2 tablets every three hours. Occasionally I use the tincture in drop doses but not often. Prescribed in this way the secretions are stimulated, resulting in restoration of the appetite and slight stimulation of the action of the bowels. It will cure constipation given low when there is the characteristic tongue with the bowels sluggish, but not dry as in bryonia, or where there is the urging as in nux, but simply a tardy, delayed evacuation.

Dr. Royal: I am sure my friend would find in the description of the mucous discharge an indication. I prefer a greenish yellow or yellowish green. I want to add to the tissues stated to which it applies, the blood. We have demonstrated many a time the use of hydrastis in increasing the number of red corpuscles. It certainly has a decided action there, and for the anemic conditions presenting the symptoms enumerated I do not know of any better remedy. You get the changes in the blood corpuscles.

Dr. Krauss: Hydrastis is an exceedingly good remedy for constipation, and it is a good remedy for canker. But it can be applicable only for the superficial variety of canker. I believe hydrastis is slower in action than merc. corr. in this condition. In my opinion merc. corr. is always applicable in cankerous conditions. In the deeper variety as well as the superficial, it has acted with rapidity and certainty.

Dr. Roberts: May I present a little personal experience? I happened to get into a condition at one time with as severe a hemorrhage, the result of an ulcer near the pylorus, as any man ever lived through. I had an operation afterward, and wore a Murphy button for about nineteen days. Following that operation Dr. C. B. Kinyon, of Ann Arbor, who performed the operation, prescribed hydrastis and I believe it did me more good than anything I ever took in my life.

I want to second Dr. Royal's suggestion that it increases the blood. I was anemic, white as a sheet of paper. I took hydrastis and it certainly built up my blood, at least something did. Also, hydrastis is a great remedy for pain in the

region of the pylorus. I do not know that it relieves pain by benumbing the sensibilities, but I believe it stimulates the mucous membrane and relieves the pain.

Dr. Loizeaux: In a mad race for something new, we are apt to follow our old school friends. To give something new do not forget the old remedies that have raised babies, and do not forget them so much that when we old coaches bring them before the profession you think we are old timers. I heard a man say, "Well, that old fellow has forgotten more than all you young fellows have ever learned." Hydrastis, in my hand in Iowa, has done such things that it would be impossible for me to tell you here, but the world is after something new. No matter if hydrastis has jumped to a hundred dollars a pound, you get results. Use it the way that seems to you best. My friend Dr. Royal may want it in the 30th. Dr. Biggar may want it in the tincture. I assure you both will give results.

Chairman: Anything further before Dr. Biggar is asked to close the discussion?

Dr. Biggar, Jr.: I merely wish to say on behalf of the essayist that, in the first place, I congratulate Dr. Roberts on the recovery of that Murphy button. Few buttons are recovered. Personally, I have been for ten years in the service of the United States, have had some experience as a recruiting officer in the United States Militia, and have been surprised at the high percentage of color blindness, so Dr. Royal may excuse me possibly for being a little color blind and calling yellowish green, greenish yellow.

Physical Therapeutics Society.

X-RAY TREATMENT OF SKIN CANCER

EMIL H. GRUBBÉ, B. S., M. D., CHICAGO, ILL.

It is now about seventeen years since several well-authenticated cures of cases of skin cancer attracted widespread attention among the medical profession and also among the laity, not only because of the striking results obtained, but also because of the peculiar nature of the curative agent used. The remedy which cured these patients was a physical therapeutic agent, the x-ray.

This report was the beginning of a movement in therapeutics which has constantly grown until it is today accepted by the whole world as one of the established facts of scientific medicine; namely, that the x-ray is the best single remedy for skin cancer. No therapeutic fact stands out with greater prominence; none has more adherents nor more successful

users. Hardly a page of what is probably the most interesting part of medical history can be turned which does not recount some of the good qualities of the x-ray in therapeutics. Think of it! Continuously for all these years the x-ray has occupied the foremost position as a remedy for skin cancer. This is certainly a remarkable thing to relate; for are we not now living in the day of rapidly changing views in therapeutics?

At one of the earliest meetings of the American Roentgen Ray Society I read a paper detailing my experience with the x-ray treatment of epithelioma. In the years which have passed and during which I have continued using this agent I have become more and more convinced that we have in the x-ray the best single therapeutic aid in the treatment of skin cancer. The opinions expressed in that paper have been substantiated many times, not only by myself but by hundreds of others, so that I feel warranted again in emphasizing certain features of this treatment.

In the pioneer days I well remember this treatment was considered a "personal equation treatment." Those who had thoroughly qualified themselves obtained results which the tyro could not duplicate. Even today there remains room for improvement. There are still too many failures with this treatment, most of which could be avoided by a more perfect mastery of all the conditions which confront the operator. Many practitioners fail to get the full therapeutic worth of this remedy, because they use inefficient apparatus; some fail because of inefficient technic; still others fail for lack of both. Inefficiency is the reef upon which many x-ray workers' hopes have been wrecked. The extraordinary zeal with which many practitioners undertook this treatment and which caused them to apply the ray without studying it or knowing how to use it, was responsible for many failures. Some have been disappointed because they thought the treatment so very simple and easy, requiring no particular skill or knowledge in its application that they simply bought apparatus and allowed office girls, nurses and other nonmedical assistants (all of whom knew less about the subject than the doctor did) to give the treatments. We should not expect ideal results to follow applications made by those whose training has not qualified them to undertake such work. Failure could have been predicted from the start. Very naturally the value of this treat-

ment cannot be very accurately determined by such unscientific work. In the bitterness of their disappointment, however, these careless x-ray users are apt to say that the treatment is not good and some even go so far as to denounce those who dare contradict them. If those unskilled in the use of x-rays have failures they should study and learn how to apply them properly. The x-rays should not be discredited; they will continue to do their useful work if properly directed. I also realize more and more another difficulty in the x-ray treatment of cancer, namely: that the practitioner, who might be a good dermatologist, is not always well versed in electric matters, and, on the other hand, the radiographer, who knows how to make very good x-ray pictures, may know little or nothing about pathology or dermatology. The truth is being pressed home constantly that the days of careless or haphazard applications of the ray are numbered. The common practice of giving patients x-rays without considering the quality and quantity of rays must be abandoned.

Having grown up with this subject and being a teacher of x-rayology from the very beginning, I realize probably more than most workers do what a large variety of generators, tubes, interrupters and currents are used today for obtaining x-rays and the consequent confusion and handicaps which the average operator contends with in his daily work. Such things as delicate meters and other current and x-ray unit or measuring devices are and always will be too unreliable and impracticable for the average practitioner to use with satisfaction. In proof of my contention of the unreliability in exactness and impracticability of these unit devices I need only state that there are at present about one dozen of these. The fact that there are so many is alone sufficient to condemn them. If one or two were very scientific we would not need the others. Therefore we must supply the x-ray operator with a technic which he can use and which will be fairly accurate, yet flexible, and the use of which will not necessitate the purchase of expensive and ephemeral unit devices.

To understand this matter of the proper handling of x-rays in the treatment of cancer of the skin it is necessary to know what it is in the ray which produces the results which we are after. I will go briefly into the question of the physics and action of the ray as it pertains to therapeutics. I believe that

the actinic or chemical rays, which come with the x-ray, are the most valuable of all the rays in the treatment of skin cancer, and for that matter in the treatment of practically all other surface or skin diseases; therefore these rays should be utilized to the limit by exposing the lesion as directly as possible to their influence. It has been proven that these chemical rays have a direct influence on the oxidation ferments of tissues. If used excessively they bring about a breaking down or splitting up of the complex chemicals composing cancer cells, and in that manner destruction of a malignant growth is ultimately brought about. Pathologists tell us that it is an established fact that the efforts of nature to throw off cancerous disease are always along the lines of hyperemia, hyperleukocytosis and abnormally intense proliferation of connective tissue cells. In this matter the x-ray may be said to follow nature, for that is exactly the effect the x-ray produces in the tissues. If this is true, it follows that the lesion should always be exposed to the direct influence of the x-ray, i. e., the skin cancer should be uncovered; freed from dressings and protectives of all kinds during the seance. It is probably needless for me to add that metal, leather or other so-called "filters" must not be used during the treatment.

The method of treatment adopted by me in these cases is as follows:

There are five factors which must enter into consideration in devising a system or technic for treating with x-rays. They are: (1) the vacuum of the tube; (2) the distance of the tube from the part to be treated; (3) the nature of the light or fluorescence in the luminous hemisphere of the tube during its excitation; (4) the length of each treatment; (5) the frequency of applications. I believe that when we consider these five factors relatively then our control of the x-ray can be made fairly accurate, safe and still be flexible. I am willing even to affirm that our control will be more accurate than with the ephemeral unit measuring devices which are becoming more numerous almost daily.

Skin cancers, in my opinion, demand large doses of x-rays from the very beginning. There should be no hesitation in using the ray so as to get the most energetic action. The patient's life may depend upon such treatment. Since it is

desired to produce localized irritative effects and since no penetrative rays are needed, the lesion being superficial, and also since a comparatively low vacuum tube produces soft rays, which are most irritative, a tube offering 1 to 2 inches of air resistance is used in the treatment of these cases. The tube must be kept at this low vacuum throughout the sitting. For this purpose automatic regulating vacuum tubes are best. I believe that this matter of vacuum in the tube is a very important one. Most operators use too high vacuum for this work. We must keep in mind that where the rays stop there we get most benefit. The tube should be excited with a steady current so as to produce a constant light in the luminous hemisphere. Flickering or flashing of the light, as Cook has pointed out, produces a stimulating, i. e., physiological effect on tissue cells, and therefore treatments given with intermittent current are worse than useless as they may stimulate rather than retard the cancer. There must not be any spark gaps in series between the generator and the tube. The interrupter also is of important consideration if an induction coil is used to excite the tube. In my opinion, the best interrupter for this purpose is the mercury turbine. All other types of interrupters work too irregularly to be considered ideal. The fluorescence in the luminous hemisphere should be bright—nearly as bright as when exciting the tube for radiography. In this connection it might be in order to say that the amount of electricity which comes from the generator cuts comparatively little figure for it is a well known fact that the curative effects of the x-ray are the same whether a weak current (for instance a static machine current) or a strong current (transformer current) be used. My plan is to give short treatments, ten minutes at a sitting. I also give them often so as to be able to judge the susceptibility of the individual. I think the oftener the dose is repeated in judiciously small doses, the better the results, as compared with larger doses less frequently given. I am not a believer in the three or four large dose treatments, i. e., 30 or 40 minute exposures. I am sure the shorter exposures and more frequent treatments give us more control and, therefore, more safety.

Treatments are kept up daily until a reaction comes on. This is shown by the development of dermatitis. When the dermatitis appears I stop and wait for it to subside. After

the parts become normal again the treatment may be resumed, if it is found necessary.

We must remember that cancer of the skin is a chronic disease and is therefore not susceptible of a cure under the most favorable conditions within weeks and sometimes months of time. Consequently considerable time may be needed in a given case. Many operators fail to get results from this treatment because they do not ask for enough time in which to produce results. It is not unusual in my practice to have cases referred to me in which the patient has been under the care of an x-ray operator for a short time during which a few treatments were given. After I assume charge of the case and give a few additional x-ray applications a reaction comes on. The patient is now pleased for he sees a change in his condition, and I get all the credit. I seem to have achieved without difficulty that which another, with perhaps greater ability, struggled in vain to accomplish. Yes, the patient should be told in advance that time is necessary to a cure and if he is not able or willing to give us the proper amount of time then we ought not to undertake to treat him.

I also wish to lay emphasis on the fact that technically we wish to utilize the destructive properties of the ray in cancer cases and, therefore, these particular properties should be brought to bear upon the lesion, as directly and vigorously as it is possible to do. I hope to encourage vigorous raying of the cases as by so doing we will get the full value from the x-ray. Occasionally it has been found that when the mucous membranes of the eye, nose or mouth are involved that the good effects of the ray are but transient. When this is the case we should not be discouraged. On the contrary, the patient should be given another series of sittings and this time the remedy ought to be given vigorously enough to produce a sloughing x-ray ulcer. By this heroic method I have cured several cases which at first, under the simpler method, gave only temporary benefit.

The rays should always be localized by means of metal cylinders, specula or lead masks which limit their action, thereby destroying the diseased parts without needless destruction of the healthy tissue. My own method (one which I suggested 14 years ago, and which I have used with slight modification ever since) is to cover the body for a considerable

distance around the lesion with Grubbé x-ray foil (a thin foil, only 1-1000 of an inch thick, containing 95 per cent lead and 5 per cent tin) to protect the healthy parts. A hole is cut in this mask about ⅛ inch larger than the area it is desired to treat. In this way I expose a small area of normal tissue to the ray and when cumulative inflammatory signs appear I am able to detect them, for the diseased area may be normally so inflammed that x-ray dermatitis could not be recognized there. I believe in raying a small border of healthy tissue for another reason, namely: the x-ray irritation causes a dilatation of the blood vessels at the very edge of the healthy tissue where it blends into the lesion. It is usually from this irritated edge of healthy tissue that the healing of the ulcerated part proceeds.

In cases where the glands or lymp nodes are involved I also expose these channels to the x-ray at each sitting, but here I use a weaker ray, a physiologic rather than a toxic ray, as it is my object to stimulate these parts not to destroy them.

We must never forget that success of any treatment does not necessarily depend upon the treatment per se, but to a very great extent upon adjunct treatment, which may be needed from time to time. In this connection it should be realized that cancerous tissues are very liable to become infected and when this occurs the inflammatory and ulcerated conditions are magnified. It is very essential therefore to keep a cancerous ulcer clean and free from infection. The physician must carefully instruct the patient or his attendant in the right way to keep the lesion clean. In addition, whenever the patient comes to the office the physician should inspect and then himself dress the sore. I use as a cleansing agent a saturated solution of potassium permaganate made in hot distilled water. This is used as frequently as seems indicated, once or twice a day if needed. Drainage must always be perfect. If there is a tendency to scab or crust formations, these should be soaked in water as hot as can be borne and removed. Other therapeutic adjuncts, either local or systemic should be used if indicated.

As my paper is already too long I will refer to the results of this treatment in only a cursory manner. It is my inten-

tion, however, to write about this particular phase of the subject, with some detail, in the near future.

I believe I had the honor of applying some of the first x-ray treatments which were given in skin cancer and in the many years since I began this work I have treated a very large number of cases.

In this paper I will concern myself with 216 cases, most of which are old enough to allow me to form a definite opinion pertaining to the ultimate outcome of the treatment. This does not include many whom I still have under observation, neither does it include some which I now have under treatment. This series includes a large number of hopeless incurable cases (cases which utilized the x-ray as a last resort treatment) which I was more or less compelled to take for treatment during the earlier years of this work and, as I should now say, against my better judgment. These would be considered undesirable cases for showing up the possibilities of any method of treatment. The cases consist of lesions on practically every part of the body and include epithelioma, rodent ulcer and carcinoma; primary as well as secondary or metastatic growths.

Analysis of my records shows that in 16 cases involving the eye, results were considered good in 11; beneficial in 3; failure in 2. In 10 cases involving the tongue, roof of mouth and fauces, results good in 6; beneficial in 1; failure in 3. In 12 cases involving the labia, vagina, urethra and uterus, results good in 8; beneficial in 2; failure in 2. In 30 cases involving the nose, cheek and ear, results good in 29; beneficial in 3; failure in 4. In 38 cases involving the lip, mouth and chin, results good in 27; beneficial in 6; failure in 5. In 13 cases involving the rectum and anus results good in 10; beneficial in 1; failure in 2. In 5 cases involving the penis, bladder and scrotum, results good in 3; beneficial in 1; failure in 1. In 22 cases involving the forehead, temples and scalp, results good in 15; beneficial in 4; failure in 3. In 29 cases involving the fingers, hand, arm, foot and leg, results good in 22; beneficial in 5; failure in 2. In 24 cases involving the breast and neck, results good in 14; beneficial in 5; failure in 5. In 11 cases involving parts of the body not included in the above classifications, results good in 7; beneficial in 1; failure in 3.

It can be seen that the results which I have been able to obtain by this method of treatment are certainly very satisfactory, and when you remember that many of my cases in this list were considered hopeless, the x-ray being the *dernier ressort,* you will conclude with me that no other treatment known today could make so good a showing. I feel justified, by reason of my many favorable results, in stating that 80 per cent of cases of uncomplicated skin cancer can be cured by x-ray treatment. I am also of the opinion that all cutaneous cancers should be treated with the x-ray exclusively, for it has earned the right to be considered the most valuable single remedy in this form of malignant disease.

I hope this paper will lend encouragement to those who are striving to perfect themselves in the technic of treating skin cancer with the x-ray. "We learn to do by doing."

130 North State St., Chicago.

DISCUSSION

T. C. Low, M. D., Los Angeles, Cal.: I am very glad to have heard this paper, and think that the results the Doctor has attained with his treatment are to be commended, for 80 per cent is a very large proportion of cures. Recently I have had very good results. I give the patients freezing first, and in that way remove a great portion of diseased tissue, and then follow that with the x-ray for a healing process. I do not depend upon carbon dioxide entirely, but I presume that some of these cases can be cured with that alone. I do not think that anyone has gotten any better results than Dr. Grubbé has reported.

A. E. Smith, M. D., Freeport, Ill.: I would like to say just one word because I have treated a great many cases with the x-ray, and while I cannot state the exact number of cases treated, I believe that my percentage of cures has been 80 per cent at least. The method is certainly commendable to any man who wants to care for cases of skin cancer with the x-ray. This paper is certainly an eye-opener to men who have never used the x-ray in skin cancer.

Dr. W. A. Guild, Des Moines, Iowa: I am intensely interested in this. I made a remark in Pittsburg that I did not use the x-ray in the treatment of a great many cancers. I did not use this because it has failed in my hands, but it may be that I do not know how to use the x-ray. I have seen other people do it. I am absolutely satisfied and believe that if I knew enough about it I would get results.

I want to criticise one remark in the Doctor's paper. He says that he believes that this ought to be used exclusively. There is no treatment which we should give preference over the patient. I insist that in the treatment of these cases we must use whatever is for the benefit of the patient.

Dr. W. H. Dieffenbach: I would like to commend this paper of Dr. Grubbé's, and I particularly agree with him in regard to the measuring devices that different men have thrust upon the profession.

Inasmuch as many of these things are subject to the instability of chemicals, I certainly have always felt that I would rather trust my eye and judgment than to trust a chemical to tell me how much ray I had used upon the skin. The same thing pertains to those Saboreau noire discs. They seem to be the present favorite method of measuring the ray. I heartily commend Dr. Grubbé's paper and his stand of trusting to his own judgment with reference to the measurement of those rays. The discharge I use is dependent upon the action of the tube and I give an exposure of from 15 to 20 minutes, figuring that that is sufficient to produce hyperemia of the first degree. Then I wait at least ten days and have the patient come in, and in the meantime I stimulate the patient's general circulation by means of the high frequency current and give him the remedy that may be indicated as a cellular tissue remedy, and then at the end of ten days if I see no particular erythema around the healthy parts I give another maximum treatment of 15 to 20 minutes. If that second dose does not produce a distinct erythema, which it usually does, I give a third, until I do get it. We must get a very apparent action in those tissues. Then is the time to wait and give Nature a chance to throw out its fibrous tissues and form a fibrosis in the cancerous tissue. If you keep on firing the x-ray in there without waiting for Nature to perform its healing action, you are going to get a necrosis that is sometimes harder to heal than the cancer itself.

T. C. Low, M. D., Los Angeles, Cal.: I would like to ask in giving 2 or 3 m. a. through a tube how close to the tube you place your patient?

Dr. Dieffenbach: About ten inches. I keep the tube sparking continually so as to keep a low vacuum and always filter through aluminum. The spark-gap is about one inch in my cases. Most of my tubes are seven inches for therapeutic purposes.

If there is no further discussion we are ready to adjourn until tonight, when we will have with us Dr. Monroe, of Omaha, and I certainly hope we will have a larger audience.

AREA ANALGESIA BY FREEZING

W. A. GUILD, M. S., M. D., DES MOINES, IOWA.

Relief from pain is the most constant demand made upon physicians. General practitioners, surgeons and specialists alike are called upon to relieve suffering.

Although amelioration of pain is not our final goal, it is necessary for the successful doctor to be "Johnny on the spot" with the pain killer.

Careless, unscientific men, administer the products of the poppy, unmindful of dire results and the masking of important symptoms.

How can we relieve severe pains promptly and efficiently without reaction, depression or other harmful sequences? This question has arisen many times to every one of us.

The purpose of this paper is to suggest, not a panacea for all pain, but a system of analgesic treatment which may be developed by the individual practitioner to cover many cases of severe peripheral and visceral pain in a simple, rapid and efficient manner without injury or great inconvenience to patient or physician.

I claim no originality for this system. I have used it successfully for nearly a year and am writing from personal experiences and giving conclusions therefrom deduced.

Dr. Albert Abrams, author of "Spondylotherapy" gave us the system of reflexotherapy. I refer you to his works and lectures upon the subject for a more comprehensive consideration.

I shall limit myself to the treatment of a certain group of pains of neuralgic character which may be successfully treated by freezing.

Freezing may be employed as a means of diagnosis:

(a) To diagnosis a neuralgia of central from one of peripheral origin;

(b) To differentiate neuralgia from neuritis;

(c) To localize the lesion in neuralgia;

If neuralgia is of peripheral origin, the pain will disappear upon freezing the surface nearest its point of origin. If central it will persist.

Freezing is a specific for all forms of uncomplicated neuralgia, provided it can be executed *near the point of origin of the*

involved nerve—close to the nerve lesion. Should the cause of the pain be central or due to a true neuritis it may not be inhibited. In some cases of neuritis however, it has proved marvelously efficient.

Intercostal neuralgia, lumbago, neuralgia of the trigeminus, occipital neuralgia, acute wry-neck, "stitches," "catches" and "crick," are commonly troublesome, and all alike respond promptly and easily to refrigeration analgesia. Sciatica, herpes zoster, pseudo-anginapectoris, catarrhal appendicitis, menstrual pains, ovaralgia, can be remedied and often entirely relieved by freezing over the spinal exits of the nerves involved.

The site to be frozen is selected by pressure with some blunt instrument, a fountain pen or thermometer case will do, in the intervertebral spaces along the corresponding side of the spine. Usually a small area of extreme sensitiveness is located over the exit of the affected spinal nerve. A like amount of pressure in other intervertebral spaces is readily borne.

Should this sensitive area be not easily located, motion of the painful extremity or friction and pressure upon the part will easily show the location of the field to be frozen. This extremely sensitive area is sometimes no larger than a dime or a quarter. Again, when the nerves from more than one spinal segment are involved, there will be two or more sensitive intervertebral points, even to the extent of an entire spinal division.

Technic.—The location to be frozen is marked indelibly, since it may be difficult to locate it after one treatment, causing delay at subsequent sittings.

Freezing is best accomplished by first using an ethyl chlorid spray until the cuticle whitens. An ether spray is then substituted, since it is much cheaper and does not cause desquamation. A surface including three-quarters of an inch surrounding the sensitive intervertebral point is frozen solidly for from 3 to 8 minutes. A thick dressing of cotton is applied and the comfortable patient permitted to move about *ad libitum*.

A suitably shaped piece of ice dipped in salt may be substituted for the ethylchlorid in beginning the freezing. Where an ether spray is not available, the ice and salt alone, applied

with firm pressure for 10 or 15 minutes, will complete the entire freezing process. However, ice freezing does not give a temperature low enough to obtain the best results.

The microscope fails to explain the rationale of freezing as a therapeutic measure. The physiology of its remedial action is best explained theoretically as follows: The local application of intense cold acts as a shock, diminishing the nerve conductivity and annulling the functions of the proximate centers in the spinal cord. When the temperature is sufficiently low and the freezing continued long enough, the exitability of all of the involved nerves is greatly diminished.

DISCUSSION

following a demonstration of the method by Dr. Guild.

Dr. A. E. Smith: I would like to ask Dr. Guild if he has ever used this in the treatment of warts.

Dr. Low: I would like to ask Dr. Guild if there is any particular atomizer to produce that spray.

Dr. Gibson: I was very much interested in the Doctor's paper and enjoyed it very much indeed. I think this is a subject that is well worth studying.

Of course he called attention to Dr. Abram's work upon the reflexes and the part they bear in producing pain. As physicians it is an easy matter to always keep in mind this wonderful agent which we have at our disposal, and if I take it right, this is most efficacious when you strike these special pressure points upon the nerves, or special conditions in the nerves that produce the reflex that causes the pain. We strive at that same thing in vibration, and especially those of us who use static electricity are striving at the same point, and the idea is to produce hyperemia upon these local spots and upon these nerve centers. I believe that electricity will be able to produce hyperemia or anemia. The first effect is anemia and then hyperemia from the effects of the breeze, but the Doctor's apparatus here gives us such an easy method. It is wonderfully effective and I am glad he called my attention to it.

Dr. Guild: Dr. Krauss asked me if I had used this in minor surgical work. He meant as an anesthetic along the spine. It has been done, but I have not done it. A number of others have worked upon it.

In regard to the removal of warts, I have not employed it. Carbon dioxide is so much more efficacious.

Regarding atomizers, I have used the DeVilbiss, but it wastes so much ether, and it gives more of a stream. I think this one is made by the Miller Company. It is really a very nice spray.

Dr. Gibson, I thank you very much. All that we claimed for the paper was that it was a nice, quick way of relieving intense pain. What the patient wants is immediate relief. After I had used it for a few times I really thought there was something in physical therapeutics. I have treated perhaps as many case of lumbago as any physician and I have gotten them up and around in from three to six days.

Dr. Smith: How lasting are the results?

Dr. Guild: In one severe case of herpes zoster, where the pain was intense over the intercostal spaces I relieved him at his home with the spray. About four hours afterwards he went to sleep. He had charge of a garage. He got up and went back and drove his car within an hour after the treatment. He had a good sleep, but four hours afterwards it returned with equal severity. I froze it again and he slept six hours and awoke without pain, but in eight hours it returned and I froze it again. Following that, however, I used the sinusoidal current and vibration on those same places. In lumbago in the average cases one treatment is all that is needed.

Dr. Smith: How long do you keep it frozen?

Dr. Guild: From three to eight minutes; then I put cotton on it and it remains frozen from ten to fifteen minutes. There is not always a sensitive area eliciting any pain. Friction of the parts, motion of the extremities and irritation of the peripheral nerves will most frequently bring out these sensitive spots, but sometimes it does not. We do have actual pain in the viscera. Freezing of the areas over the spinal axes will remove entirely this sensitiveness to pain, and it will also remove the pain. I have used it three times in appendicitis.

Without further study of this subject and without refreshing your anatomy you can go out and treat lumbago by this method. If you want to go into it further you will find that it is an exhaustless means of relief from pain.

Bureau of Clinical Medicine.

IS DIAGNOSIS A NECESSITY IN ORDER TO APPLY THE REMEDY HOMŒOPATHIC TO THE CASE?

E. P. MILLS, M. D., OGDEN, UTAH.

Here we have a question put up to us for an answer. Shall it be aye or nay. The answer which each one of us would emphasize will depend on our individual training and our varied experiences. For I take it that we all will want to emulate the old time populist and take the middle of the road ready to jump to right or left as the present movement indicates.

What do we mean by diagnosis? Dorland's dictionary defines it thus:

I. The art of distinguishing one disease from another.

II. The determination of the nature of a case of disease.

"Art" mind you not "science"; not even today with the great development of the laboratory, the exactness of the microscope and the delicacy of the chemic reaction, will any one wish to write into that definition the word "science."

All of us know how often the findings of the autopsy, and in a minor degree those of the operating table, reveal conditions unsuspected by the attendant, and the absence of pathology that was strongly suspected beforehand.

Then the second clause of our definition, the nature of the illness. We needs must know of ultimate causes of things as well as the naming of diseases. To say that our patient has an arteriosclerosis is not enough for us; we must know what is behind that condition. What is the nature and origin of the poison which by its absorption is causing that overgrowth of the fibrous framework of the walls of the vessels, and the diversity of symptoms which result. Is it from senility purely, alcohol, narcotics, lead, or from toxins elaborated in a clogged alimentary canal?

These factors also are hard to be solved and not infrequently do we stand baffled before our problems.

What shall we do then when science can give us—with our limited knowledge—no positive answer, and our art is handled with such poor skill that we gain not even a probable solution to our conundrum? Shall we fold our hands and wait developments, or use a hypodermic as a concession to our ignorance?

Here is where we will answer yes to the question of our title. The homœopathic materia medica with its wealth of observations on the reaction of healthy tissues to the presence of remedial substances furnishes us many a solution to perplexing situations.

The old time homœopaths without modern training, without microscope, or the delicate tests of the laboratory workers, many times stayed the progress of diseases they knew not, and even waved back the approach of Father Time and his scythe. This, by symptom matching, if you please; by laboriously noting the many objective and especially the subjective deviations from health, the modalities and the mental states

and comparing the picture thus outlined with those recorded by Hahnemann and the other early provers, they wrought their miracles and laid strong and wide the foundations on which we are now building. All honor to all such.

But what of us to-day? Shall we ignore the toil and travail of the many who have sought to find the truth and who have brought to us new and valuable methods of diagnostic skill? Shall we reaffirm our faith to that which is old and resolve that what was good enough for our fathers is good enough for us, and relying on the admitted superiority of our materia medica stand or fall by the diagnosis of the remedy and ignore the diagnosis of the disease

No, not if we want to maintain our own self-respect and if we want to honor the name we bear.

The homœopathist has a harder task to perform than the other practitioners. If he is to be honest and faithful to his patrons, he must do his best to diagnose his case, to determine the causes working under the surface; and then he must just as carefully diagnose his remedy.

In order to illustrate the point I desire to make, will you bear with me in the recital of several cases, some hypothetical, some actual.

A woman of three score years gives as the most prominent presenting symptom, very large, hard glands on both sides of the neck. Shall we compare iodin, the calcareas, silica, charcoal, and the host of other remedies that have caused and cured glandular enlargement, or shall we apply locally, as was done, agents to produce a change in the glands? First of all we had better examine the throat and postnasal space to see if we can determine the cause of the glandular enlargement. A large sarcoma of postnasal origin reveals itself. The remedy we now prescribe may be the same as was indicated before the fact of the malignant nature is known but the prognosis and general treatment are very much changed.

Suppose we have a child from 6 months to 1½ years old, crying and giving evidence of colicky pain in the abdomen, and whose chief presenting symptom is a bloody discharge with much tenesmus. Is this a case for merc. corr., or for one of the 84 remedies Boenninghausen lists as having bloody stools, 62 of which also have tenesmus? Perhaps so, but we also find a tumor, sausage shaped, in the upper part of the

abdomen. Now in the face of a diagnosis of intussusception are we willing to stake our all on the homœopathic remedy, no matter how well chosen or in what potency? Here again we answer no.

That this may not be tiresome let me tell of only one more case. A young married woman, with or without the history of pelvic inflammation, comes to us, if she be fortunate, with this history; some two months before, she missed a period, and had the usual symptoms of the early weeks of pregnancy and hopes delayed maybe by years of sterility are awakened, she now reports that for two or three weeks she has been having a very slight bloody discharge almost daily, no more than a spotting; on questioning she tells of pain more or less vague in right or left side. In the face of this history are we to search our repertories for remedies with pains in pelvic regions and those that have intermenstrual flow, and construct a picture of the case from the likes and dislikes, the complexion and the suppressed skin eruption of childhood days? A pelvic examination will reveal a tender mass out from the body of the uterus and the diagnosis of an extra-uterine pregnancy becomes very probable. Only one remedy remains to be considered, *ferrum met. low*, and a sojourn in a hospital is the only thing we can consider without being criminal in our negligence, and that too even though operation reveals some other condition than that suspected.

Dr. Wood presented a classic to the Institute under the title "Tragedy of the Gonococcus," and as was pointed out in the discussion the tragedy fell not to the irrepressible cocci but to the innocent bystander. Some gifted pen could give us an equally valuable paper on "Tragedy of the Diagnosis," or rather the non-diagnosis.

Now to hear the conclusion of the whole matter. A homœopathic prescription may be made without a diagnosis, but if as honest men and women we want to retain the respect for the individual with whom we have to live our active life—our own self,—we must do our very best to diagnose all our cases.

DISCUSSION

Dr. Gregory: You have all listened, I am sure, with the keenest interest to the reading of this paper. It is full of good suggestions, but were we working under strict parliamentary

rule I should be obliged to rise to a point of order. "Well, sir, state your point." "The gentleman is not speaking on the subject before the house."

Read the subject again. "Is diagnosis a necessity in order to apply the remedy homœopathic to the case?"

Were the subject, "Is diagnosis necessary to the attainment of the best results in the practice of medicine?" he had been speaking well within his subject, and we must all acquiesce in his decision. But as the subject stands, there is a grave question at issue which admits of varied opinions, and for the sake of discussion I shall take the negative side.

Suppose a man confronts you with the following list of symptoms: Fever ranging from 101 degrees to 103 degrees; hot, but at the same time chilly; restless, legs and back aching, moves frequently for relief.

It matters little whether it is typhoid fever, scarlet fever, or symptoms incidental to an attack of pneumonia, you are going to give him rhus tox. It is the remedy homœopathic to the case and will help him.

Should it be a case in which there was that besotted appearance, tendency to sleep, moist skin at times, and tossing about in an effort to get the pieces together, it matters not what your diagnostician says, baptisia is your remedy. And thus it is with the remedies of our materia medica. Whatever remedy is indicated by the symptoms that is the remedy homœopathic to the patient. As far as the determination of the remedy is concerned the diagnosing of the disease may be detrimental, and I believe it often is, in turning the attention of the physician to a class of remedies most frequently called for in disease of the same name, when otherwise he might find the indicated remedy entirely outside of that list. What practitioner has not made his diagnosis, prescribed for the case from remedies suggested by the name of the disease, and finally found his simillimum in a remedy which he had never dreamed of being used for the disease in hand?

True, we must be up to date physicians, and do more than prescribe the remedy homœopathic to the case. Splinters must be removed, luxations reduced, fractures set, abscesses lanced, poisons eliminated or antidoted, gaping wounds closed, diet looked after, and the cause removed as far as possible; and in order to do these things and make a reasonable prognosis, we must diagnose our case: but to determine the remedy homœopathic to the case, the diagnosis is not so necessary, and as I have said, I sometimes think it is really detrimental. For the immediate results, we may at times be obliged to remove a tumor, give a cathartic, use the hypodermic: but if we can determine the remedy homœopathic to the case, we reach the dynamic forces which have made necessary the

removal of the tumor, the administration of a cathartic or a hypodermic, and by restoring order at headquarters, make the repetition of the affront to nature unnecessary, if not avoid it entirely.

The laboratory, the microscope, the culture media, the opsomic index, and all modern methods of diagnosing disease, are of obsolutely no value in diagnosing the indicated homeopathic remedy, *unless these means have been made use of in the proving of the different drugs.*

Then I would summarize as follows: Etiology, diagnosis, and pathology are necessary in order to remove the cause so far as possible, and to aid in the prognosis, but are of no value and may be a detriment in selecting the remedy homœopathic to the condition.

Dr. James Krauss: I am glad to discuss Dr. Mills' paper. I want to say that the paper I presented this morning on the secretions, excretions and fluids of the body contains the thought that Dr. Mill's paper brings uppermost to our minds, namely this, that we must train ourselves to think in medical matters connectedly, objectively, truly. We must learn to see facts as they are, and connect them in an objective manner if we wish to arrive at scientific truth. In this connection I must say also that dictionary definitions are often not the best definitions, and if my friend Mills had thought the matter over he would have found that both dictionary definitions he quoted are wrong. What is a diagnosis? It is a conclusion by which, if correct, we may be said to look through a case, a conclusion that covers the facts. We arrive at a conclusion from the facts we have gathered, and a pathologic conclusion, a diagnosis, may be anatomic, physiologic, etiologic, therapeutic. It means simply that having examined our case, having brought together all the facts that the case presents, we form our conclusion as to the anatomic position that the disease occupies, as to the physiologic phenomena that it presents, as to the eitologic factors that are presenting themselves, as to the therapeutic indications that call for removal or adjustment. We don't have to separate, we cannot really separate pathology from therapeutics. The trouble is we examine our patients insufficiently, we try to reach conclusions from insufficient premises, and then we say, we must have another kind of examination, to arrive at the proper remedy. How can we choose a remedy homœopathic to a case until we know all the facts of the case How can we know all the facts in the case until we have exhausted all that we can find in that case? We must learn to examine our cases completely. We must learn to see, and we must learn to think. Science simply states facts. We have to find our facts that we want to bring

into relationship with what science teaches. Dr. Mills has presented three good cases. I shall refer only to one. He spoke of a patient with hard glands of the neck, which, if he had not examined the postnasal space, he might have treated for something else than what the glands actually were, sarcomatous glands. This is well as far as it goes. The postnasal examination should have been made, but external palpation applied with knowledge and skill should also have been made. Palpatory skill would have made known that the neck glands could not have been ordinary enlarged lymphatic glands. A metastatic sarcomatous gland feels altogether different from an inflammed gland or from a strumous tubercular gland. A patient must be examined from all angles until we have all the facts necessary for a correct conclusion. Yesterday several speakers—Crutcher of California and Dr. Irvine of Denver—tried to make out that as a disease is cured when its external manifestations are removed a patient suffering from gonorrhea is cured when the discharge is removed. External manifestations of disease are not necessarily manifestations outside the body. The external manifestations of gonorrhea are principally on mucous surfaces. How can we tell whether these external manifestations are present or gone unless we make a thorough internal examination? The important suggestive fact that Dr. Mills touches and upon which he is to be congratulated is this, that we must examine our patients thoroughly, from A to Z, and only then, I submit, when we have all the facts of a case before us, can we make a satisfactory, scientific conclusion; an anatomic, physiologic, etiologic and therapeutic diagnosis.

Chairman: If there is no further discussion, we will give Dr. Mills an opportunity to close.

Dr. Mills: If Dr. Krauss will write a dictionary, I will use it exclusively, and then I shall satisfy him if no one else.

As to the palpation of the gland, the case was treated by six other men—old school men—and none of them had looked into the throat, to see where the trouble was coming from. I do believe, from my standpoint at least, that there is a difference between diagnosing the disease and the causes working there, and diagnosing the remedy homeopathic to the case.

The whole worth of education is directed toward cultivating the capacity of framing association of ideas that conform to objective facts.—*Fiske.*

Homœopathy Abroad.

PAN-RUSSIAN HOMŒOPATHIC CONGRESS AT ST. PETERSBURGH

REPORTED BY E. PETRIE HOYLE, M. D., HON. SEC. INTERNAT. HOM. COUNCIL

Armed with a certain letter which was sent me by Dr. Brasol and which was from the Chief Minister of Imperial Customs in St. Petersburgh addressed to the Chief of Customs at Wireballen, the Russian frontier, I experienced unique courtesy at their hands. The Chief at Wireballen directed an *attaché* to see to me personally. This resulted in my being the very first through the gates of Russian Customs. The *attaché* spoke French to me and my poor French sufficed for the little conversation which was necessary. I conclude the card of introduction was very powerful, as the customs examination of the rest of the travelers seemed of a most searching character. This emphasizes the very high esteem accorded to our well-known colleague, Dr. Leon Brasol, as indeed every subsequent event has shown me.

Dr. Brasol met me at the station here and was kindness itself. He presented this envoy with the fullest hospitality of the hotel, the command of a carriage and pair of magnificent black horses, and a courier at my beck and call all this day and night.

So much to show what our Russian colleagues have done for the International Homœopathic Council's creature comforts.

American readers know the particular urgency of the occasion of the Council's visit and demonstration in Russia at this time. To recapitulate briefly, the Council wishes to bring to the notice of the Imperial Council and the members of the Douma the fact that homœopathy is a world-wide power and has world-wide recognition. To this end they had prepared an engraved card of special invitation to the Council's address and lantern slide demonstration of hospital achievement our American colleagues had placed in my hands, though I may say here that there are many other photographs of many of your institutions which I ought to have, as my work even here is not ended, as I will explain.

With every card of invitation to these officials was sent a neat synopsis of the occasion and the reason of demonstration was clearly set forth. The fullest enlightenment of the status of international homœopathy was necessary, as a bill is even now under consideration which would unjustly hamper the medical art. Over six hundred and fifty such invitations have been sent to these two legislative houses. Many hundred other special invitations have been sent out to the aristocracy and leaders in Bureaux of Education and Public Works. In fact I should say that the ground has been most splendidly prepared, as the audiences at the two public gatherings yesterday and the social reception on Saturday night showed.

In passing I have to report that the newspapers, including illustrated journals, are very eager to write up the Congress.

After the public address held yesterday afternoon (Sunday) there were no less than seven professional photographers sent by journals, the daily press and certain illustrated periodicals. They vied with one another, with some warm passes among the several artists, as to vantage ground, which caused some fun. The groups taken, however, do not represent by one-tenth the audience, as most people left while the photographers were "arranging their difficulties" without bloodshed, etc. Certainly the Congress "caught on" in the public estimation.

Dr. Brasol assured me that not one kopec (a cent) had been spent on any press notice, of which he showed me a big stack at midnight.

Dr. Brasol seems to have been the mainstay of the whole affair. He is a tower of strength for homœopathy in Russia. Let us hope that God will give and keep his strength for years to come for his family's sake, none the less than for our cause.

The social reception at the Hotel du Nord was in the nature of a Court function, bright and even resplendent with uniforms covered with the highest decorations this country affords. The Salle de Reception was second to none, I suppose, in the city, and the soft music a world treat.

I was introduced to many, amongst whom I found some ladies, one the wife of General Bourman, who is the President of the Association of Lay Homœopathic Supporters. She looks almost a young woman notwithstanding her ten children. These Russian ladies on their estates, far from homœo-

pathic physicians, nobly dispense homœopathic remedies to their village dependents. Madame Bourman said: "My mother does not see where the cheapness of homœopathy comes in, as my dispensing is so great."

I mention this to show in some degree what the laity can do, and actually does accomplish for homœopathy.

This reception was on Saturday night. Yesterday, Sunday, proceedings were held at the Kalashnikovsko Birji, a magnificent hall seating some 750. Here the Pan-Russian Homœopathic Congress is to be held today.

Proceedings opened at 1:15 with High Mass (Greek Catholic Ritual) with a magnificent choir. Bishop Anatoli of Odessa officiated with full complement of clergy. The hall, like all public buildings here had a huge *eikon*, before which the service was held. I shall never forget the beautiful solemnity of this function, nor the entrancing beauty of the music (all vocal, as there is no instrumental music in the orthodox Greek church). The service ended with a special invocation on the object of the Congress. The Bishop is a member of the Douma.

After the usual opening speeches, I was elected an honorary member of the Congress, with a little decoration, a medallion of Hahnemann surmounted with the Russian double eagle. This honor was conferred on me as the representative of the International Homœopathic Council, and I had to mount the platform and give an address of some five minutes, submitted beforehand to Dr. Brasol and which was afterwards translated and read out.

The feature of the afternoon was an address by Dr. Brasol, who spoke for two hours and a half. I could gather the range of the subject from the technical words. I have asked Dr. Brasol for a translation of this address to submit to all the English speaking world. I trust that your *Journal* will confer the favor of finding space for it, and which I shall certainly submit to you.

The hall was filled with the same representative official, military and social auditors as was seen at the reception.

Dr. Brasol told me that nearly all the high class horse breeders in Russia give nothing but homœopathic prescriptions to their horses. They must therefore inform themselves.

I am assured that they will have none other for their valuable studs. Let this be passed around.

It was fortunate that I gave Dr. De Vasconcello's testimony that one reason homœopathy had been introduced into the Brazilian army was that it had been proven more efficacious, *as well as cheaper for the horses!* I hope some of the Russian officers will make use of these facts!

And now for the Council presentation of International Homœopathy and its institutions. I had with me some 120 views and statistical charts from which Dr. Brasol selected some sixty, and after some six or seven minutes' talk in English, which I was told was fully understood by quite a number, this was translated freely, and then the Council's official message was read in Russian and the slides shown. The program closed about 11:30. No one left the hall, although so late, in fact, as Dr. Brasol said, the affair was so unique and so absorbingly interesting that they would have sat much longer.

By special request Dr. Brasol wishes the Council to prepare as soon as possible a larger picture pamphlet, with fullest explanation of the institutions, their history, state support; also that this larger picture pamphlet shall contain all available statistics so that they may add a full translation, to present this testimony to every member of the Imperial Council here, also to the Douma, and of course to all the patrons and those who may be induced to take an intelligent interest in homœopathy.

He is kind enough to say that he considers this illustrated pamphlet one of the very best arguments and propagandistic efforts he has ever seen. So the International Homœopathic Council may take credit for a bit of practical work which we are backed up in by the fact that the Council of Medical Education of the American Institute of Homœopathy has also endorsed and intimated that it is going to carry this out *in extenso*.

One thing is sure, your hospital men can do great international good by helping us to perfect our collection of views and statistics, though the views are trebly valuable when some data as to bed capacity, amount of state or county support, date of founding, and value of property are included. Push the

good work for international unity and propagandism of our resources.

Dr. Brasol gave me the following items, after midnight last night:

a The Pan-Russian Homœopathic Congress sent a telegram expressing their sense of faithfulness, etc., to the Czar in the name of the Homœopathic Congress.

b The President of this Congress is one of the oldest members of the Imperial Council of Russia, General Roop (pronounced "rope").

c That the Congress had received a letter of congratulation and warm sympathy from Grand Duc Pavel (Paul) Alexandrovitch, who is in Paris, otherwise he would have been in attendance, that the same sentiments included his wife, the Countess Hohenfelsen, and he desired that they both should be recognized as honorary members of the Congress.

d That there were also present, as warm supporters, Honorary Guardian General Pagovski, with his wife; General Velitchko, General Bourman, who is President of the Lay Society of Supporters of Homœopathy; General Rodoffski, late Director General of the Law College at St. Petersburgh; and M. Khomiakoff and his wife. M. Khomiakoff was president of the 3rd Douma and is now a member of the 4th Douma.

In conclusion, Dr. Brasol is much impressed with the necessity of the continuance of the International Homœopathic Council and says that it must strengthen the whole movement.

Dr. Brasol has just presented £30 to the Council from the Russian Homœopathic Society. This is to be an annual donation until the next Quinquennial Congress, 1916, and a like sum from the St. Petersburgh Lay Homœopathic Society.

London, England.

EDITORIAL

College of Surgeons. However much we may desire to accommodate an editor it is not possible to answer one or two of Doctor Royal's questions* without touching upon others.

Some of them may be easily and briefly answered, while some at this time cannot be answered at all with certainty. Upon one point there should be no difference of opinion. If the new College of Surgeons accords to homœopathic societies the same recognition given to societies of the old school, by representation upon committees, by credit for membership, appointments, etc., then as societies and as individuals we should co-operate with the College in its aims and purposes so long as we are convinced of its good faith.

If it does not accord such recognition, then its good faith is already questionable and neither as societies nor as individuals can we afford to be connected with it.

Since the whole question of its good faith and worthiness must remain for a time *sub judice* it is probable that those responsible for its conduct will be wise enough to see this point. Thus far the founders of the College have manifestly tried to avoid the narrow sectarianism of the American Medical Association and in this they should have our support. They have also shown an independence of A. M. A. control, which, if not an attempt to establish a rival and equally objectionable control, deserves commendation.

In its first impression upon the profession and upon the public two things have been unfortunate: First, that the beginning of a movement for higher surgical standards should be accompanied by an effort to establish a legalized monopoly of a business. The bills introduced into the national and several state legislatures were so flagrantly monopolistic that even politicians called them "raw"; Second, that the volunteer army of ethical reform had upon its first roster the names of so many whose records did not inspire confidence in their sincerity. This applies especially to the questions of publicity-seeking and fee division. It is ungracious to doubt the wrong-doer who wishes to change his ways, but people who have always been honest are not over anxious to sign the pledge at the suggestion of reformed sinners. If the reform is genuine and the movement is "on the square," it will prove itself in time and will command the respect and support of both the profession and the public.

That it will do this and that it will stand for education rather than coercion, and cease to ask for special privileges it

is a pleasure to believe. This is itself an answer to the question of the effect upon the laity. If the organization proves its good faith, its high standards, and its catholicity the public will turn to it almost with a sense of relief. But this is much to prove. It must avoid not only the fact but the appearance of political jobbing and it must abandon absolutely the notion that the American public will be coerced into accepting any sect or system or standard, however good.

The American citizen wants facts. He is tiring of fakes and theories whether regularized or not. He wants to know where he can get statements that are dependable and then he will choose for himself what system and what standard he will adopt. He is afraid of the man who wants an exclusive privilege. Education but not coercion is the watchword for the future and it were well for all medical systems to take notice.

As to the relation between the specialist and the general practitioner, I suspect that the effect of the new College or of anybody's attitude toward it, will be just nothing at all. I suspect that the general physician who has brains will continue to recommend the specialist whose work will approve his good judgment and who will treat both himself and his patient honestly and with no need for secrecy upon the part of either. I suspect that the specialist who has brains will continue to use them in increasing his proficiency and in so conducting his business that those who support him suffer no loss thereby in business, professional standing, or good will.

I suspect, too, that some members of the profession, from real or fancied necessity, or from natural inclination, regardless of the robes they wear or the societies they adorn, will continue to do many things which the ethical code does not approve, and I suspect that some of them will acquire much larger bank accounts than are usually acquired by honest and capable doctors.

I regard it as fortunate that neither as societies nor as individuals are we compelled to take an unqualified stand regarding the new College until we have more knowledge upon which to judge it. If we support it, it should be when we know we can do it vigorously and without reserve, and if we refuse to do so we should be ready to give our reasons. In this way we can be sure that whatever stand we take will add to the dignity and strength of our organizations. And whatever we decide to do we should make it unanimous.

B. H.

*Editorial in *Journal*, February, 1914.

The Place of Meeting. Where shall the Institute meet next year? On another page will be found the notice of the Committee of the Board of Trustees on Place of Meeting that it is ready to receive applications from places that are desirous of having the meeting in 1915. We do not say "that are desirous of entertaining the Institute in 1915" because the question of entertainment has been relegated to the background. The Trustees would magnify the importance of the meeting to the welfare of homœopathy in general and to its members in particular and would aim to release the local profession from social and business obligations incident to the presence of the Institute. To this end the business matters connected with the sessions will be controlled by the Institute and not by the local Committee where the meeting is held.

This is an experiment which if successful will relieve the local physicians of anxiety and will make the Institute more independent in the selection of its meeting place.

Every year the arguments in favor of the selection of certain localities are carefully considered and if errors in judgment are made they are not from failure to present all the supposed advantages of every competitor.

The following general propositions are always discussed. Shall the Institute select a place for its meeting where homœopathy is weak—in an attempt to strengthen the faith and advance the interests of a comparatively small number of physicians who may be scattered over a large territory?

Shall not a National Society whose membership extends from the Atlantic to the Pacific so arrange its meetings that each section shall be visited in turn and thus the expense and time required in travel be equalized?

Will not the greatest good to homœopathy result from holding the great majority of Institute meetings within the area in which the majority of its members reside?

All of the above propositions are to a certain extent forceful and true and we have never finally decided which is most convincing. If we may judge from analogy the last one should be preferred for the American Medical Association has selected Atlantic City for its meeting place in every second year as an attractive resort that is easy of access to the populous Eastern and Middle sections of our land.

There is another annual or rather perennial question. Shall the meetings be held in a city with its urban advantages of permanent hotels, convention halls, greater publicity through the press, opportunity for shopping, etc., and with its disadvantages in June which are usually those connected with the hot season making it so disagreeable that the inhabitants are getting ready to leave about the time that the Institute arrives—or shall we select a summer resort with its delightful surroundings—cool sea or mountain breezes.

beautiful walks and drives or bathing, boating and fishing and its disadvantages which are crude accommodations in comparison with those of the city (perhaps we must except Atlantic City from the list of ordinary summer resorts), and the general seductiveness of their delightful environment that makes golfing, motoring or boating usurp the principal place upon the Institute program.

These are some of the perplexing yearly problems that confront the Committee on Place of Meeting. In the absence of Solomon to decide what is best the Committee should at least have your prayers that a wise selection may be made for 1915. T. H. C.

What Has Become of the Sixty-Eight? One hundred and sixty-eight young homœopathic doctors were graduated last June. All were offered a membership in the American Institute and a year's subscription to this *Journal,* the expense of which was met either by their Alma Mater or by the Trustees of the Institute. One hundred accepted this gift by writing the Secretary as directed, and are now safe within the fold. But where are the sixty-eight? Who is looking after them? If their homœopathic friends are not, we may be certain that they are making friends who will. At no time in their professional lives will they appreciate helpful sympathetic friendship as now. Every one of us who is older can look back to our uncertain, anxious, empty, "starving time" and remember with lasting gratitude the man or woman who took us to the medical societies, introduced us, and helped in various ways to set us on our feet. There is no better way of paying such a debt than by passing similar benefits on to others.

In three months another crop of young doctors will be harvested. Before that time the sixty-eight should be located, befriended and wisely advised. Whose duty is it? It is plainly your duty and mine if occasion offers. But the man who has the greatest opportunity, whose effort can be most direct and effective is the Dean or some other prominent officer of each college. In some way it should be done now.

As to the one hundred, they are safe for the time being only. They need encouragement, and must be shown that the Institute and other homœopathic organizations are worth while, until finally they develop a robust loyalty of their own.

Look to your young people. M. E. H.

Acute Middle Ear Catarrh and Chronic Deafness. This is the season of colds which extend up the mucous membrane of the Eustachian tube and involve the middle ear. These are the cases seen by the general practitioner. In many cases it is a simple secretory catarrh which runs its course without

pain and is only manifest to the patient by a sense of stuffiness in the ears, by a sensation of something moving about in the ear, by bubbling, by one's own voice sounding too loud, or by deafness in certain positions of the head. On inspection the drum membrane is not inflammed and does not bulge; on the contrary it looks like a piece of waxed paper, the malleus is very distinct and the membrane is retracted. These cases, if allowed to run their own course without proper treatment, as so many do because of the absence of pain, develop adhesions in the middle ear that later are the cause of chronic catarrhal deafness.

In the acute stage the most important single part of the treatment is inflation by Politzer's method if it can be accomplished, and if it cannot then by inflation with the Eustachian catheter. As air is blown into the Eustachian tube and middle ear the serum or mucus is blown out, the drum membrane which had been sucked in by absorption of air due to closure of the tube, now is bulged out, and inflammed surfaces which previously had been in contact and liable to develop adhesions are now separated. This inflation should be repeated daily during the acute stage and with improvement the interval may be increased until the ear is absolutely normal again.

Medication either internal or local is absolutely a secondary matter in this disease. We have a mechanical difficulty and it must be met by mechanical treatment as we would in a fractured or dislocated bone. The closed Eustachian tube fails to ventilate the tympanic cavity; the air in the cavity is absorbed and a tendency to vacuum is produced; the drum membrane is drawn in, or rather pressed in by the excess of atmospheric pressure outside; the malleus has its handle turned in until it comes in contact with the inner wall; the joints of the ossicles are held in an exaggerated position. Now unless something happens, like a Politzer inflator, to break this vicious chain it is easy to see how in a few weeks or even days a chronic condition will be induced that is impossible to cure. Immobilize any inflammed joint in an exaggerated posture and see what happens.

There is an enormous number of people who have this condition in a greater or less degree, and they are the ones whom air inflations will cure and any one can do it.

G. M. McB.

The Ill-Shod Child. On one of the cold damp days just before the February storms, a family group on State Street presented a familiar example of empty-headedness. A child of three or thereabouts was walking with his parents. "Being walked by his parents" would express more precisely the conditions; for the child's arms were raised to meet the hands of the parents, and they were in no wise slackening their pace

to meet the demands of short legs. It was bleak and cold and the crossings were muddy. The man's feet were encased comfortably in heavy leather shoes with soles full three-quarters of an inch thick; the woman wore storm rubbers. The baby, warmly clothed in cap and winter cloak wore the old style, thin soled kid shoes. Another day, within a month, a child of seven was discovered with a hole worn straight through shoe and stocking to the little bare sole. That was not a case of poverty. The child made no complaint and it was discovered by accident. It is a fair hazard that half the children go to bed with cold feet, even in homes supplied with food and clothes. Small wonder that children are prone to adenitis and all manner of infection. The youngsters still under the mothers' hourly observation ought to wear cloth overshoes throughout the season of frosty nights. The older children should have stockings adequate for warmth and thick shoes with an oil dressing so as to be free from the nuisance of rubbers. As a preventive measure, the warm foot bath at night, followed by a cool spray and oil rub, and the morning cool sponge over the chest will go far to improve the resistance of the skin to changes in temperature.

S. M. H.

The Advertising Pages. It is a matter of business that the advertising pages of a publication should pay the expense of publication; that the subscription money should represent the net gain, to be devoted either to the extension of the enterprise or to go into the treasury of the association responsible for the magazine. It is the purpose of the *Journal* representing the Board of Trustees to keep the advertising pages clean and absolutely reliable. To that end criticism is solicited of anything which proves unworthy, and by the same token the members of the Institute are invited to read the advertising pages and give first choice to *Journal* advertisers. The *Outlook* in a recent number thus characterizes good advertising:

> "He who is able to supply a real need by the sale of a good article or superior service needs chiefly to link his name and what he sells so definitely in the public mind that they become reciprocally suggestive.
>
> He thus utilizes the association of ideas, which is such an aid to memory; and the main object of advertising is to make people remember. * * * I believe that if John Jones made good towels and simply kept the legend
>
> JOHN JONES GOOD TOWELS
>
> intensively before the public by publication in appropriate newspapers or magazines for a year, he would find himself able at the end of that time to sell all the towels he could produce." * * *—S. M. H.

THE FEBRUARY CONFERENCES

The College Alliance. The College Alliance is threshing out the problems relative to the medical curriculum as copy goes to press. The sentiment of the conference, as was stated last year at the initial meeting, is a recommendation of the following as an efficient education in the fundamentals of medical practice: high school training, one year pre-medical work in the fundamental sciences, the prescribed medical course, and a year's service as interne in a reputable hospital.

Further, the sense of the Alliance is that a bachelor's degree earned in course in science, philosophy or arts shall be an equivalent for the pre-medical year. As Dr. Copeland wrote in the editorial of the January magazine, the Alliance is here "determined to remain in session until workable plans for the betterment of our interests shall have been formulated."

Examining Boards. An interesting paper in the Examining Boards' session was on the minimum medical curriculum, deprecating so rigid and detailed a curriculum that if *honestly carried out* is impossible for the average good worker to achieve in four years' time.

Chicago Homoeopathic Medical Society. The society under Dr Costain's leadership, entertained at dinner over one hundred, including a goodly sprinkling from the laity.

Among the guests were Drs. Wilcox of Boston, Copeland of New York, Tuller of Philadelphia, Hinsdale, Dewey and Burrett of Ann Arbor, Aldrich of Minneapolis, and from Illinois, the Houstons of Joliet, Dr. Welch of Joliet, Adsit of Hoopeston, Armstrong of Springfield, Brandt of Milwaukee, and Gay and West of Woodstock.

Dr. Serkoff, of Moscow, Russia, was the special guest of honor, and Mr. Arthur Smith, from Boston, was introduced by Dr. Wilcox as a representative non-medical man, capable of doing efficient work in the field.

A further report will be given in the April issue.

The purpose of elementary biology is not to make skilled dissectors, but to give every student a clear and definite conception, by means of sense images, of the characteristic structure of each of the leading modifications of the animal kingdom. . . . If there is any good at all in scientific education it is that men should be trained to know things for themselves at first hand, and that they should understand every step of the reason of that which they do.—*Huxley.*

Board of Trustees.

Gaius J. Jones, M. D., Cleveland.

The message has come of the death of Dr. Jones, February 7, 1914. The recollection of the hearty enthusiasm of the Cleveland Alumni in their campaign at Pasadena for the election of Dr. Jones to the presidency of the American Institute of Homœopathy is still fresh in mind. It is a pleasure to recall the affectionate response of their leader to his own people at that time. Dr. H. H. Baxter has promised a tribute to his personal friend and fellow townsman for the next issue of the *Journal*.

THE INSTITUTE PROGRAM.

PRELIMINARY ANNOUNCEMENT.

The Bureau of Homœopathy sends in the following array of attractive names assured to the presentation of the philosophy of homœopathic therapeutics: Drs. Hooker, Krauss, Geiser, Halbert, Wood, Watters, Phillips, Sawyer, Copeland, Royal, Rabe, Overpeck, Dieffenbach, Custis, Smethers, Reily. The chairman, Dr. Harper, regrets that so few western names appear. There is yet time for the western members to contend for their laurels.

In the letter of invitation sent out by Dr. Nesbit, chairman of the Bureau of Clinical Medicine and Pathology, the summer program is thus outlined: "We want (1) concrete reports of research studies; (2) concise, clear-cut case reports on timely subjects; (3) short, crisp, pithy original articles. We do not consider treatment in this bureau. We want clinical, diagnostic and pathologic data. We are looking for new finds in these fields, as well as the better known authorities on their respective subjects. We want men and women who are busy enough to spare the profession a little of their time and brains."

Dr. Cameron, chairman of Pedology, is planning to bring into that bureau something of sociological value in child life.

Fragments of information relative to research work among the O. O. and L. members predict their customary activity.

The secretary of the Surgical and Gynecological society, Dr. Scott Parsons, in a letter to members, bespeaks their interest, co-operation and attendance. The breezy letter concludes with a touch of genuine vacation color: "The meeting dates happily are set for the vacation period and are within the summer schedule of reduced railroad rates. Every opportunity is offered our members to enjoy a treat. The time, the place and the event. Those who have been there know; those who have not, have something to live for. Lay your plans.

"Come take a dip, in the surf we'll slip,
With the dancing waves we'll play;
Be as free as the air, and have no care,
Nor mind how long we stay.

"Let us bask in the sun; on the beach we'll run,
The sands we'll shovel and cribble,
While at meetin' we're sittin', we'll tend to our knittin',
As to business at home—*Isch ga bibble.*"

The Obstetrical society evidently expects the S. and G. to stay in the surf and give extra time to the rival society. Dr. Fitzpatrick presents the following prospectus: (1) Toxemia of Pregnancy; (2) Ectopic Pregnancy; (3) Puerperal Infection; (4) Relation of obstetrics to gynecology. With such an array of names as Bernstein, Horner, Haseltine, Ogden, Danforth, Loiseaux, Hamlin, Watters, Runnels, Critchlowe, Hanks and James, it is plain to be seen there will be need to "shovel and cribble" by way of recuperation.

CABINET OF ONE HUNDRED.

President Wilcox early in the Institute year appointed Dr Ralph Bernstein chairman of new members and Dr. Emily Swett, chairman of the time-honored "special committee." These two important committees he has grouped into a cabinet of one hundred, gathering names in response to the following letter:

Boston, Mass., January 5, 1914

Dear Doctor:

We have arrived at a period in the history of the American Institute when it becomes imperative to show our numerical strength. To that end, that we may have an attendance at the Atlantic City meeting, which will demonstrate this strength beyond peradventure of a doubt, I am selecting a Cabinet of One Hundred, tried and true, who will pledge me their best service for this accomplishment.

I have selected you as one of that number because I know you are dependable and loyal to the Cause. I want you to get at least ten new members for the Institute before June 1, 1914. Physicians who have graduated within three years from said date are admitted for two dollars the first year. This must accompany the application, and includes subscription to the *Journal*. All others pay three dollars membership fee (including first year dues), and two dollars for the *Journal* (per year).

I also want you to get the promises of at least twenty physicians that they will attend the Atlantic City meeting of the Institute beginning the week of June 29. If you find a physician who is eligible to membership but who refuses to

join, kindly send me his name and I will use a "follow up" method that may secure him.

Do you realize that an attendance at this coming meeting, of two thousand members, would do more toward placing homœopathy in the ascendency than all the propagandistic work we have done in ten years?

Do you know there are fifteen thousand registered homœopathic physicans in the United States, representing seven millions in clientele? Should we not have one-third of the fifteen thousand physicians as members of the Institute?

We can do this if one hundred of us bend our backs to the burden. Will you help us? Please answer promptly and blanks will be sent you.

Yours for homoeopathic aggression,

(Signed) DeWITT G. WILCOX.

Correspondence.

A MATTER OF HISTORICAL RECORD.*

Lincoln, Neb., Jan. 25, 1914.

To the Journal of the American Institute of Homoeopathy:

Your invitation to write a three hundred word editorial on the February conference of the various examining boards to be held in Chicago received. I regret to say that under existing conditions I cannot recognize this conference officially.

For several years a large number of the active men of the American Confederation of Reciprocating, Examining and Licensing Medical Boards have tried to amalgamate their confederation with the National Confederation of Examining and Licensing Boards. We have felt that in union is strength and if amalgamation could be effected on the right basis, one confederation could do better and more effective work. Accordingly a conference committee from each confederation was appointed. The meeting of the American Confederation was held at Columbus, Ohio, at the request of George H. Matson of that place; Dr. Matson being chairman of the Committee from the National with full power to perfect an amalgamation and adopt name, constitution, by-laws, etc. A proposed constitution and by-laws was tentatively agreed upon by its committees at the Chicago meeting in March, 1912.

We met at Columbus, Ohio, Chittenden Hotel, April 22, 1912. The American Confederation was called to order by its president, Dr. W. A. Spurgeon, president of the Indiana State Medical Board. On account of sickness of the secretary, Dr. B. D. Harrison, Secretary of the Michigan State Board of

*Received too late for the February issue.

Medicine, the writer was chosen temporary secretary. The confederation in considering the tentative constitution and by-laws amended one section to read:

"That there shall be a standing committee on college inspection and rating consisting of seven members chosen from the active membership of the confederation representing the five schools of practice as found on the different State Examining Boards, as follows: Three shall be chosen from the so-called Regular School, one shall be chosen from the so-called Homœopathic School, one from the so-called Eclectic School, one from the so-called Physio-Medical School, and one from the so-called Osteopathic School; no school to have a majority on the committee."

Carried unanimously, Dr. Matson being present and voting in favor of it.

The president, Dr. W. A. Spurgeon, appointed as conference committee from the American Confederation, Dr. E. Arthur Carr of Nebraska, Dr. Wm. Bell of Michigan, and Dr. M. S. Canfield of Indiana. The joint committee met at 2:30 P. M. at the Chittenden Hotel, same day. Present: Dr. George H. Matson, also holding proxies for Dr. Fred C. Zappfe and Dr. Charles A. Tuttle, comprising committee from National Confederation, and above committee Drs. Carr, Bell and Canfield, as named by Dr. Spurgeon, representing the American Confederation. Dr. Matson was made chairman and Dr. Carr secretary of the joint conference committee.

Moved by Canfield, seconded by Bell, that new constitution and by-laws be amended to conform with the action taken by the American Confederation this day. On roll call "ayes" three, Canfield, Bell, Carr. "Nays," Matson and two proxies. Tie vote. Moved by Canfield, seconded by Carr, that in view of the fact that Dr. Matson opposed the representation as offered by the American Confederation on the College Inspection Committee, that we withdraw the representation of the Physio-Medical and Osteopathic Schools on said Inspection Committee making the committee five, with the so-called Regular School two, so-called Homœopathic School two, and the so-called Eclectic School, one. Dr. Matson asked that he be given ten minutes to confer with Dr. N. P. Colwell, secretary of the Council on Medical Education of the A. M. A., and others. Time granted. He soon returned and advised joint committee, that it was impossible for amalgamation to take place on the proposed grounds. The joint conference committee adjourned after two and one-half hours of conference, agreeing to allow each committee to make a short report to the American Confederation.

At 5 P. M. the American Federation listened to the reports of the two committees. Dr. Matson explained that he knew

the National Confederation would not stand for a standing committee of any kind on college inspection. The writer reported for our committee that we were very anxious for the merger of the American and National Confederations and urged Dr. Matson to act for the people who had empowered him and agree to the terms of said merger, and same would be consummated at once. We urged Dr. Matson to confer with his proxies by wire, and should he desire to have another conference before the committee left Columbus we would be glad to re-convene and complete said merger. Or should he desire another meeting of the committee after corresponding with some of his fellow committeemen, the American Federation Committee would meet the conference committee at such time and place as they might select. After long discussion, the reports were made a part of the minutes. Moved by Cummins of Nebraska, seconded by Bell of Indiana, that the standing committee on college inspection and rating of the American Confederation be commended for its work and instructed to pursue its work as rapidly as possible and publish the report as early as convenient. By Matson, seconded by Bell, that we adjourn the American Confederation of Reciprocating, Examining and Licensing Medical Boards, to convene on call of the president, Dr. W. A. Spurgeon, Muncie, Ind. Carried.

The American Confederation organized because the National did not believe in reciprocity between the several states. Now they have accepted our policy in this matter, but not until even California believed in it and commenced the practice. The American Confederation has a well established policy on college inspection, believing that an unbiased, unprejudiced committee representative of the different schools of practice on the several state boards could and would make a report on the colleges of the United States which would be accepted by the State Boards of the several states.

The Council on Medical Education of the A. M. A. refuses to permit the confederation, which it recognizes, to inspect the medical colleges of the United States for themselves, but rather insists upon their college rating being accepted. I regret to say that the conference committee of the American Confederation has not heard from Dr. Matson's committee further regarding amalgamation, and cannot affiliate ourselves with the new confederation, which is only a re-organization of the National Confederation along the same old lines. At the same time the American Confederation is very much alive. Personally I expect to be present at the February meeting, as I always learn something in political economy at such time.

Cordially,

(Signed) E. ARTHUR CARR,
President of the Nebraska State Board of Health.

ANNOUNCEMENT OF THE SOUTHERN HOMŒOPATHIC MEDICAL ASSOCIATION.

Danville, Va., February 4, 1914

To the Journal of the American Institute of Homœopathy

This is to announce to the members of the Southern Homœopathic Medical Association, and to the profession at large, that the committee to whom was entrusted the selection of a meeting place for 1914 have selected Baltimore, Maryland, as the best place that offered, and November 10, 11 and 12 as the date.

This is an ideal place for our meeting. The large number of homœopathic practitioners resident in that city, as well as its accessibility to the other homœopathic centers, assures us of a large attendance upon our session, and we feel assured that we can give them a meeting that will interest, entertain, and, above all, instruct them.

Let every loyal member begin to make his arrangements for his trip to Baltimore next fall, and let every good homœopath living within reach of the meeting prepare to come and rest assured that the Local Committee and the Society will both give you the heartiest and most genuine welcome you have ever received.

Truly and fraternally yours,

(Signed) H. E. KOONS,
President.

PLACE OF MEETING—1915.

7127 Germantown Ave., Philadelphia, Pa.

The Committee on Place of Meeting of the Board of Trustees of the American Institute of Homœopathy is now ready to receive invitations from cities or summer resorts for the session of 1915.

Said invitations must be accompanied by information concerning hotel accommodation and rates: must state where the hall for meetings is located and give its seating capacity—number of rooms available for meetings of sectional societies and where these are located in relation to the hall for meetings, also rooms for Treasurer, Registrar and Committees, number of square feet of space for exhibits and whether exhibits will be displayed in same building in which meetings are held.

Applications containing specifications on the above points and any special advantages that may be offered should be sent at the earliest possible date to

THOMAS H. CARMICHAEL, M. D.,
Chairman.

Middle West State Societies.

Dr. Sawyer of the Medical Council and President Wilcox are planning an active campaign in May, the month of northern state meetings.

By careful planning and some shifting of dates on the part of the various state secretaries, Dr. Sawyer has arranged the following schedule wherein Dr. Wilcox will address not only the members of the various societies, but in addition thereto will address general audiences of the laity, upon matters pertaining to modern medicine in general and homoeopathy in particular. It is the intention of Dr. Sawyer to have the governors of as many states as possible present at these popular gatherings, and use the occasion to the fullest for the advancement of the cause of homœopathy to the laity.

Dr. Sawyer and the president, together with the various secretaries of the state societies, are studying every detail of this proposed trip to get in some sledge-hammer blows for the good of the cause.

The itinerary is as follows:

Ohio State Society at Columbus, May 11;
Michigan State Society at Saginaw, May 12;
Indiana State Society at Indianapolis, May 13;
Illinois State Society at Chicago, May 14;
Missouri State Society at Kansas City, May 15;
Iowa State Society at Des Moines, May 18;
Minnesota State Society at Minneapolis, May 20;
Wisconsin State Society at Milwaukee, May 21.

General News.

Delaware. Dr. V. D. Washburn, secretary of the Delaware State Medical Society, presented the chief paper, "Enlarged Prostate," at the February meeting of the New Castle County Society at Wilmington.

Illinois. The March program of the Chicago Homœopathic Medical Society will present a paper on gynecology by Dr. Peter Clark; a paper on "Hearing," by Dr. George McBean, illustrated by a demonstration of lip reading by Miss Mary McCowan and her class room assistants. Dr. Clifford Mitchell will present the returns from the recent questionnarie on medical education and political control.

The After Dinner Club will join the Chicago Medical Women's Club for the March dinner. Dr. Lillian South, State Bacteriologist of Kentucky, has promised to furnish living specimens of hook worm for exhibition.

Dr. John E. Gilman presented a paper recently before a local society on "Induration and Cancer Problems." The

writer stirred the memories of the elder members of his audience by relating the record of a case exhibited at the Institute at Niagara Falls, where a conference was called of Drs. Helmuth, Dake, Ludlam, Hall and Couch. The paper forms a chapter of the book Dr. Gilman plans to put forth as the fruition of a long life.

The Englewood Society has resumed its former custom of assembling at the home of some member. Dr. Lila Beers was hostess in February.

The Convention issue of the Phi Alpha Gamma Quarterly announces the passing of the publication from the Chicago Alumni chapter to the Executive Council. The Quarterly, under the editorship of Doctor Fitzpatrick has done its work in its usual masterly fashion.

Massachusetts. Dr. G. H. Wilkins, Newtonville, has given up medical practice permanently on account of ill health.

Dr. George F. Forbes, who recently died in Worcester, began wage earning as a car painter. He received his medical training at Boston University Medical School. War Governor John A. Andrew gave him an appointment at the front as medical inspector of soldiers.

The Massachusetts Homœopathic Hospital is to be enlarged by a $100,000 addition, probably in a maternity ward and a children's pavilion. The hospital reports 22,452 patients in the year 1913, a deficit of $9,078 in its treasury over against $18,281 in 1912. The officers for the present year are Charles R. Codman, honorary president; Edward H. Mason, president; Dr. Walter Wesselhoeft, Henry S. Grew, Arthur F. Estabrook, Russell S. Codman, vice-presidents; Talbot Aldrich, secretary; Arthur F. Estabrook, treasurer.

Dr. Charles F. A. Hall, treasurer of the Homœopathic Hospital Association in Newburyport, reports a good year past and favorable prospects for the year 1914 in hospital work.

Michigan. The local profession at Saginaw recently entertained the Executive Committee of the Michigan State Society at dinner, at the Bancroft. The date set for the annual meeting is May 12 and 13. There will be open sessions and an attractive program is in process of development. The visiting doctors were Dr. Sinclair of Grand Rapids, president; Drs. Patterson of Detroit, Burrett of Ann Arbor, Peck of Plymouth and Perry of Chesaning.

The Western Michigan Society at Grand Rapids listened to a paper on "Carbolic Acid" by Dr. A. L. Ruffe, of Grand Rapids, and one on "Twenty Years After," by Dr. Grenier of Sparta. The following chairmen of committees were elected: Clinical, F. D. Harter; Auditing, M. C. Sinclair; Legislative, A. L. Ruffe.

Minnesota. Homœopathic patrons in Minnesota are still smarting under the injustice done them by the state legislature in class discrimination in the matter of homœopathic therapeutics in the State University. The Homœopathic Women's League has undertaken a publicity campaign for the information of the taxpaying public. There are two ways of reaching legislators—by party politics and by public instruction. The home makers have an excellent opportunity for the reiteration of public instruction. The League is affiliated with the State Federation of Clubs. The February meeting was at the home of Mrs. F. C. Spates, St. Paul.

Nebraska. A medical woman in one of the larger towns of Nebraska wants a partner equipped for general practice.

New Jersey. The Chalfonte is sending out a clever post card showing the automobile route from New York to Atlantic City. It would be a good advertising stunt to outline good routes over a much wider territory. Late June with its long evenings and early morning light is the most charming month for motoring.

New York. Flower Hospital is the recipient of $25,000 from Dr. Lambert Suydam for the scientific investigation into the cause of cancer. This gift added to the recent gift from the alumni of $10,000 for a laboratory gives an added impetus to laboratory investigation as an aid to therapeutic progress.

Dr. E. A. Gyde read a paper on "Diagnosis" before the Utica Homœopathic Club at their recent meeting. Dr. Johns was host for the evening and after a general discussion, there was a social hour.

The Utica Homœopathic Hospital has recently received a bequest of $10,000 from the estate of Mrs. Sarah Green. At the annual meeting in January, most of the officers were re-elected; among them the president, Henry D. Pixley, the medical director, Dr. C. T. Haines, and the surgeon in charge, Dr. A. R. Grant. The medical director and the chief surgeon have been authorized to arrange for a conference with Miss McCalmont, hospital specialist and consultant, who is at present superintending the building of a 200 bed hospital for Leland Stanford University. The Green legacy and the Coombs legacy of last year will enable the hospital to put up the proposed new building early in the summer.

The department of social service has become an established custom in the Rochester Homœopathic Hospital. The treasurer's report at the annual meeting gives total receipts $392,512 and expenditures $82,670.

Ohio. The semi-annual meeting of the South Eastern Homœopathic Medical Society was held at Columbus, at the Chittenden Hotel. Attendance, 30. The papers were excep-

tionally good and the discussions interesting. This Society meets the last Thursday in January and July at Columbus. Dr. Harry E. Hunt of Newark is president, and Dr. Herbert C. Waite of Columbus, secretary. The program is published in detail under "Societies."

The conditions of uniting the Cleveland Homœopathic College with the State University are announced to be as follows: The property to be turned over to the state, debt free, and that homœopathic therapeutics be promulgated in the State University. If fair play is given, and money awarded to teaching homœopathic therapeutics in proportion to the tax-paying patrons of Ohio, a victory will be scored. If on the other hand the State University Medical School undertakes to oust the teaching of all therapeutics but that sanctioned by the politicians of the old school, there may be work for the legislative committees of the state and local societies.

About a quarter of the medical practitioners of Cleveland are practicing homœopathic therapeutics. Since they earn their living in medical practice, they represent about 25 per cent of the taxpayers. Therefore they protest against the proposed ousting of all but Western Reserve medical attendants at the City Hospital.

Pennsylvania. Dr. Smith Armor celebrated his ninetieth birthday at his home in Columbia, February 6. Dr. Armor is the oldest surviving graduate of Hahnemann Medical College, of Philadelphia. He has been physician to families for three generations in his uninterrupted practice of sixty-two years. A fellow-townsman says of this veteran family doctor: "In his council and prescriptions he has practiced and written the plain, common sense of his profession, unobscured by a glossary of medical technicalities. Professional honor has ever been to him a greater treasure than professional fees." Both daily papers of Columbia, the News and the Spy, unite to pay homage to a man whose life has been so intimately woven with the life of the community.

Pottstown is soon to have a homœopathic hospital. A recent bequest from the estate of Dr. Anna M. Hawley and purchase money from Dr. E. B. Rossiter have secured the Eck mansion which will be transformed in a few months to a good working hospital.

The Auxiliary and the Junior Auxiliary of the West Chester Homœopathic Hospital are giving practical evidence of woman's work in hospital finances. Mrs. Elizabeth Taylor is president of the Auxiliary and Miss Ethel Worst presides over the younger circle.

Dr. C. Sigmund Raue has been appointed medical and surgical director of the Children's Homœopathic Hospital of Philadelphia. Alfred M. Burke was re-elected president of

the board of directors. Between six and seven hundred children were cared for in this institution last year. Dr. Raue should be able to furnish interesting statistics to the 1915 session of the Institute as a commentary on his service.

The election of officers of the Germantown Homœopathic Medical Society occurred at their regular monthly meeting in January: E. M. Howard, president; L. T. Ashcraft, vice president; W. C. Baker, recording secretary; L. W. Thompson, corresponding secretary; I. B. Gilbert, W. H. Keim, W. W. Speakman, T. J. Gramm, J. A. Fisher and C. M. Brooks, judiciary committee; N. F. Lane, E. F. Humphreys and W. C. Powell, censors.

After the technical paper of "Appendicitis in Children," at the Society of Chester, Delaware, Montgomery counties, there was a lively informal discussion on the Income Tax, which made the mid-winter program a memorable one.

The Undergraduate Society of Hahnemann Medical College held its first annual banquet February 11 at the Colonnade Hotel, Philadelphia. Dr. Wm. W. Speakman as toastmaster presented the speakers of the evening, Dr. Gilbert J. Palen and Dr. L. T. Ashcraft.

The West Philadelphia Hospital Association was represented by a large number of members at the annual banquet at the Continental Hotel, January 29.

Dr. Bernstein was a guest at the December meeting of the Blair County Society, giving a paper with lantern demonstration on "More Common Skin Diseases, Their Recognition and Treatment," and was host to the Homœopathic Society of the Twenty-third Ward, presenting the same paper.

Washington. Drs. Maybelle Park, Ashley B. Palmer, W. G. Palmer and W. O. Bell have moved to the Greene building from their old Seattle locations. Dr. T. J. Appleton from the ninth floor to the fifth floor of the Cobb building.

In a communication from Drs. Sargent and Dow of Centralia and Chehalis, Wash., who have been in the midst of a typhoid epidemic in Centralia, we learn that in the care of over 32 cases by homœopathic treatment there were no deaths, while there was a general mortality of 7 1-3 per cent. Thus do we prosper.

Dr. C. E. Grove of Spokane, member of the Committee on Members, writes that he is organizing the Spokane profession and that times are prosperous in the Inland Empire.

London. The British Homœopathic Society was founded the same year as the American Institute of Homœopathy, 1844. Dr. Vincent Green, the president of the British Society, is setting forth attractive programs. London custom permits calling the meeting at 5 P. M. Refreshments are

served in the ante room from 4:30 P. M., and dinner follows the program.

Dr. E. Petrie Hoyle is giving lectures with lantern slides before hospital guilds. The title, "Economic Values of Homœopathy," is attractive to the working circles who contribute materially to the financial resources of the hospitals.

Holland. The homœopathic physicians and patrons of Utrecht are about to establish a $15,000 hospital, with twenty-five beds and opportunity for future expansion.

Illinois. A conference of the O. O. and L. officers and program makers was called in Chicago, February 8th. Drs. Dowling, Albany, N. Y.; McCleary, Cincinnati; Myers, Ann Arbor; Sibley, Peoria, and the entire Chicago contingent met to formulate definite plans for the Atlantic City session.

Change of Address.

From Membership List in *Journal* of November, 1913.
G. H. Wilkin, to 43 Elm St., Milford, N. H.
E. V. Van Norman, to Carnegie Apts., 9th St., San Diego, Cal.
Maria Nye Johnson, to National Bank Bldg., Long Beach, Cal.
C. B. Steinhauser, to 332 Parsells Ave., Rochester, N. Y.
A. L. Cuningham, to 745 Wesley Ave., Oakland, Cal.
Paul E. Allen, to Alburnette, Iowa.
N. H. Chamberlain, to 350 29th St., Oakland, Cal.
Karl Greiner, to Sparta, Mich.
A. K. Crawford, to 810 Union Savings Bank Bldg., Oakland, Cal.
J. W. Coolidge, to Porterville, Cal.
W. B. Cramer, to 200 Bryant Bldg., Kansas City, Mo.
Marvin J. Hill, to 611 Locust St., Sterling, Ill.
Rhoda P. Barstow, to 4210 Irving Park Blvd., Chicago, Ill.
George B. Moreland, to Second National Bank Bldg., Pittsburgh, Pa.
E. P. Howell, to 3rd and Lyon Sts., Houston, Tex.
Llewellyn E. Hetrick, to 902 Wiss Bldg., Newark, N. J.
Louise Ross, to 1801 Calvert St., N. W., Washington, D. C.
Harry C. De Vighne, to Juneau, Alaska.
Christine Bergolth, to Box 494, Main P. O., Chicago, Ill.
Louis W. Harnisch, to 124 E. 85th St., New York City.
George W. Whitney, to 2366 7th Ave., New York City.
M. L. Hill, to 611 Locust St., Sterling, Ill.
Ferdinand Brase, to Jackson, Mo.
E. P. Howell, to 414 Beatty Bldg., Houston, Tex.
Peter T. Kilgour, to 5651 Hamilton Ave., Cincinnati, Ohio.
H. E. Ayers, to 820 Lexington Ave., New York City.
Arthur D. Sinclair, to 203 W. 34th St., Minneapolis, Minn.
S. Weingrad, to Mountain Dale, N. Y.

Obituaries.

"By medicine life may be prolonged,
But Death will seize the Doctor, too."

Gaius J. Jones, M. D., Cleveland, Ohio, died February 7, 1914.

William H. Hanford, M. D., died at his home in Brooklyn, N. Y., January 19, aged 88 years. Dr. Hanford was graduated from the

medical department of New York University in 1846, and from the Cleveland College in 1853. Directly thereafter he began practice in the Eastern District which was thereafter the scene of a long and active life. During the years of active work Dr. Hanford was a member of the New York and King County Societies, as well as the American Institute.

George F. Forbes, M. D., one of the seniors of the Institute, died in Worcester, Mass., January 25, aged 82 years. Dr. Forbes was one of the pioneers in homœopathic practice in Worcester county, and a charter member of the Worcester County Society. He has has been a member of the Institute since 1874.

Emma F. Richardson, M. D., a practitioner in Cedar Rapids, Ia., for twenty-one years, died suddenly at her home, January 8, 1914. Dr. Richardson was the daughter of Dr. Elam and Sarah Stafford, and a graduate of the Homœopathic Medical College at Iowa City.

Clinical Comment.

Gastric Cancer.—When all has been said and done the fact remains that, in the light of our present day knowledge, the best we can do is to regard with suspicion all cases of persistent dyspepsia occurring in individuals past forty-five years of age who have not previously suffered from gastric trouble. If such dyspepsia is attended by loss of weight, careful analysis should be made of the gastric content and one or more radiographic examinations should be carried out. Should the result of these studies confirm the suspicion of gastric cancer, we are then in a position to advise an exploratory laparotomy on a rational basis. Such exploration, however, should never be made until all other available means of diagnosis have been exhausted and should be looked upon as a last resort rather than a quick and ready method of diagnosis.

Hahn Monthly, Jan. 1914.

Adjuvant Measures.—Homœopathic treatment never excludes the employment of other measures than drugs, except those which would manifestly be in conflict with the latter selected according to rule. And thus appliances, radiant heat, massage, passive congestion, removal of fluid from joints, or even operative measures could quite well be employed in addition to homœopathic medicines if thought necessary. But drugs, internally and externally, from the purely antipathic or empirical standpoint, electricity, mineral waters and patent medicines, could not be given with homœopathically selected medicines. On the other hand, it is quite open to question whether the use of vaccines, some mineral waters, *e. g.*, those of Harrogate, cataphoresis and radium do not act similarly to the homœopathically selected medicine. The advantage of rule in drug selection as contrasted with empiricism consists in the necessary co-ordination of method to accompany it; and this evidently is one of the outstanding features of new medicine.

Brit. Hom. Jour., Jan. 1914.

Vaccination.—On or about December 19th, last, an unvaccinated man came to Chicago, sick with small-pox. When first taken sick he was visiting in Fort Worth, Texas. From there he moved to Kansas City, where he went about unrestricted for several days, then coming to this city—the nature of his illness still undetermined.

In Chicago he visited a barber shop on Sixty-Third Street, and as the attending barber was not vaccinated, he gave his disease to the man who shaved him.

He also gave it to his own unvaccinated four-year-old child.

At the present time, we have seven persons, victims of small pox in the Isolation Hospital, not one of whom has ever been vaccinated.

Don't it look as though vaccination is a simple precaution that everyone should adopt?

Bulletin Ohio Bd. of Health

Radium Rays.—All experienced observers have noted that short exposures of radium rays stimulate tissue growth, while massive, prolonged dosage inhibits same.

The dual action of radium rays has been observed upon seeds, amoeba, spermatazoa and many living tissues and admits of no question. Can any deductions be drawn from this established observation?

To give a weak exposure of radium in local malignant conditions produces positive harm and the dosage and strength of radium must therefore always be known definitely before applying same for inhibitive purposes in maligant neoplasms. Repetition of the dose is fully as important, for a renewed exposure when not required will produce necrosis and break down scar tissue upon which the cure by radium is based.

N. A. Jour. of Hom., Feb. 1914

Societies.

ILLINOIS.

The Chicago Homœopathic Medical Society had a memorable dinner February 24th, during the February Conferences. A full report will be furnished the April magazine.

The Regular Homœopathic Medical Society presented the following program at the February meeting:

"Induration Problems." Dr. J. E. Gilman. (a) The value of phytolacca locally, and of the three iodids, arsenic, baryta and iron internally for cancerous indurations; the mischief of early morphin and surgery; (b) glandular induration in children; the three iodids above mentioned, varied with flourid of lime or iodid of sulphur; the biniodid of mercury or the iodid of potash for the suspected syphilitic taint; (c) x-ray treatment; its value and its peril. The paper was an honest exposition of the experimental aspect of early x-ray work, as well as medicinal therapeutics with gratifying results.

The second paper was "Diagnosis and Management of Gastric Diseases," by Dr. J. B. S. King, with discussion by Dr. E. T. White.

OHIO.

The following program was presented at the semi-annual meeting of the South Eastern Ohio Society, Jan. 29:

"Chorea,".....C. F. Junkerman, M. D., Columbus
Discussion—E. P. Cook, M. D., Granville
"Some Spinal Reflexes," ..... D. V. Ireland, M. D., Wilmington
Discussion—Henry M. Wells, M. D., Cambridge
"Helpful Hints in Diagnosing and Handling Mental and Nervous Diseases," ..... J. Richey Horner, A. M., M. D., Cleveland
Discussion—W. B. Carpenter, M. D., Columbus
"Splanchnic Neurasthenia"..... Chas. L. Ireland, M. D., Columbus
Discussion—C. K. Conard, M. D., Mt. Vernon
"Prostatectomy," ..... N. T. B. Nobles, M. D., Cleveland
Discussion—G. D. Arndt, M. D., Mt. Vernon

"Mental Health," ..... W. B. Carpenter, M. D., Columbus
Discussion—S. D. McClure, M. D., Newark
"Locomotor Ataxia,".....C. H. Rether, M. D., Columbus
Discussion—Chas. B. Brewster, M. D., Delaware

PENNSYLVANIA

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting at Hahnemann College January 8th, with the following program:

Cinematograph Illustrations of Nervous and Mental Diseases, ... T. H. Wrisenberg, M. D.
"Medical Siftings," ..... G. M. Christine, M. D.

Philadelphia Society for Clinical Research presented papers by Drs. Muhley and Steinhilber.

The Clinico-Pathologic Society of Philadelphia presented the following program at its January meeting:

"Eye Cases," ..... Dr. Nagle
"Primary Splenomegaly," ..... Dr. Sappington
"Laryngeal Cases," ..... Dr. F. F. Smith
"Significance of Cardiac Irregularity," ..... Dr. Williams

Society of Surgery Gynecology and Obstetrics held its regular meeting at Hahnemann College, January 28th, with the following program:

"Goitre,".....Desiderio Roman, M. D.
"The Maternity Patient and Her Medical Attendant,".....
..... Warren C. Mercer, M. D.
"Gonorrhea and the Skene Glands," ... Augustus Korndoerfer, M. D.

Physicians' Motor Club of Philadelphia held its annual meeting at Hotel Walton, January 20th, for the annual election of officers, annual reports and general discussion.

Homœopathic Medical Society of Delaware County held its January meeting in the J. Lewis Crozer Homœopathic Hospital, Chester, Pa. Dr. J. F. Van Keuren gave an interesting report of a case of pellagra.

The Women's Homœopathic Medical Association of Pittsburgh held its February meeting at the office of Dr. Clara Williams, Wilkinsburg, Pa. Dr. Ella Goff read a paper on "Lung Diseases of Childhood."

WASHINGTON.

The King County Homœopathic Medical Society at its February meeting studied Pneumonia. Dr. W. F. Greiner read a paper on "'Adjuvant Treatment," and W. G. Palmer a paper on "Homœopathic Remedies Indicated." Dr. Maybelle Park read a paper on "Sepia."

The Committee of Propagandism, Drs. W. O. Bell, A. B. Palmer and T. J. Appleton, have the following to recommend:

1. Every Homœopath to let his patients know they are being treated homœopathically.
2. That Swift and Co., of Seattle, have a directory of homœopathic physicians and have a sign, "Homœopathic Pharmacy," displayed in their place of business.
3. That we ask for a ward in the King County Tubercular Hospital.
4. That homœopathic vital statistics be published at every opportunity.

5. That our general hospitals be requested to establish a homœopathic pharmacy in connection with their drug departments.

6. Advise that homœopathic news be gathered and published

7. That a ladies' society be organized in the interests of homœopathy.

LONDON.

The British Homœopathic Society at its February meeting presented the following papers:

"Hemorrhagic Appendix,".....Dr. Weir and Mr. Eadie, London

The interest of the specimen exhibited lay in the slight symptoms related by the patient compared with the pathological condition disclosed.

Microscopic Slides—"Treponema Pallidum and Curschmann's Spirals," ..... Dr. Hare, London
"Glaucoma," ..... Dr. A. Speirs Alexander, London
A Clinical Record: Two difficult gynecological cases; two cases of gastric ulcer; two cases of gastric carcinoma, ...
.....Dr. W. P. Purdom, Sutton, Surrey

Book Reviews.

LEADERS IN HOMŒOPATHIC THERAPEUTICS. By E. B. Nash, M. D., author of "Leaders in Typhoid," "Regional Leaders," "Leaders in Sulphur," "Leaders in Respiratory Organs," "How to Take the Case" and "Testimony of the Clinic." Fourth edition, 493 pages. Cloth, $2.50 net. Postage, 16 cents. Philadelphia. Boericke & Tafel, 1913.

The variation in this fourth edition of a well-known book is the emphasis laid upon leading symptoms. The author pertinently remarks that it is only by repetition that the salient points are fixed in the mind for practical off-hand prescribing.—S. M. H.

ANATOMY AND PHYSIOLOGY—A TEXT-BOOK FOR NURSES. By John Forsyth Little, M. D., Assistant Demonstrator of Anatomy, Jefferson Medical College, Philadelphia. 12mo., 483 pages, with 149 engravings and 4 plates. Cloth, $1.75 net. The Nurses' Text-Book Series. Lea & Febiger, publishers. Philadelphia and New York. 1914.

The essentials of anatomy and physiology are here presented to nurses accompanied by excellent illustrations and a convenient glossary.—S. M. H.

PROCEEDINGS OF THE EIGHTEENTH ANNUAL CONVENTION OF THE GRAND CHAPTER OF PHI ALPHA GAMMA FRATERNITY. Held with the Rochester Chapter, at the Powers Hotel, Rochester, New York, November the twentieth, twenty-first and twenty-second, 1913.

The Quarterly makes the following announcement of interest to all fraternities:

The next issue of the Quarterly will introduce a new departure of a decidedly attractive character. Besides other special features we will have an article upon the theater as a medium of medical teaching to be written by Mr. Jack Lait, owner and editor of The Saturday Evening Telegraph, the largest theatrical publication of the west. Mr. Lait is also the author of two of the season's most successful plays, one of which, "Help Wanted," is now being presented in several of the leading cities in America.

The activities of the various fraternities have added appreciably to the sociability of the Institute meetings. Aggressive work is always done most effectively by the small intimate organizations. They are powerful for good or evil, just in accord with the spirit of the leaders.—S. M. H.

"The Treatment of Rheumatic Infections." Parke, Davis & Co.

This little volume sets forth Dr. Schafer's theory of multiple infection and the principle upon which phylacogens are advocated. Treatment by this mode is still in the experimental stage. When traditional medicine fails, doctors will experiment with new measures. Else we never should have stopped blood-letting, amulets, the drastic purge and polypharmacy for the more effective individualization with the single remedy and the physical therapeutics of today's practice.—S. M. H.

E. Merck's Annual Report of Recent Advances in Pharmaceutical Chemistry and Therapeutics. 1912. Volume XXVI. E. Marck, Chemical Works, Darmstadt, 1913.

A convenient reference book for the student of drug action.—S. M. H.

Federation of State Medical Boards.

SECOND ANNUAL SESSION
WEDNESDAY, FEBRUARY TWENTY-FIFTH,
NINETEEN HUNDRED AND FOURTEEN
CONGRESS HOTEL, CHICAGO, ILLINOIS

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PROGRAM

"Public Health Administration," Surgeon General Rupert Blue, United States Public Health Service.

Discussion by Dr. John A. Witherspoon of Nashville, Tennessee, President of the American Medical Association.

"A Uniform Minimum Curriculum," Dr. John L. Heffron, Dean of the College of Medicine in Syracuse University and Member of the Medical Council of the State of New York.

Discussion by Dr. John K. Scudder, Secretary of the Eclectic Medical College of Cincinnati.

"Standardizing Medical Education," Lt. Col. J. R. Kean, Medical Corps, United States Army.

Discussion by Dr. DeWitt G. Wilcox of Boston, Massachusetts, President of the American Institute of Homœopathy.

Address by the President, Dr. Charles H. Cook, Member of the Massachusetts Board.

"Standardization of Medical Education," Dr. Harold C. Ernst, Professor of Bacteriology in Harvard University.

Discussion by Dr. Abraham Flexner of the General Education Board, New York City, and Dr. N. P. Colwell, Secretary of the Council on Medical Education of the American Medical Association.

"What Instruction Ought Medical Colleges to Give in Pharmacology, Especially in Materia Medica and Therapeutics?" Dr. Samuel W. Lambert, Dean of the College of Physicians and Surgeons in Columbia University and Member of the Medical Council of the State of New York.

"The Viewpoint of the State Examiners." Dr. Walter L. Bierring, President of the Iowa Board and Professor of the Theory and Practice of Medicine and Clinical Medicine in the College of Medicine of Drake University, Des Moines, Iowa.

"The Viewpoint of the Pharmacist," Dr. Bernard Fantus, Professor of Pharmacology and Therapeutics of the College of Medicine in the University of Illinois, Chicago.

Discussion by Dr. Torald Sollmann, Professor of Pharmacology and Materia Medica in Western Reserve University School of Medicine, Cleveland, Ohio, and Member of the Council on Pharmacy and Chemistry of the American Medical Association; Dr. John A. Hornsby, Editor of *The Modern Hospital;* Dr. Charles A. Tuttle, Secretary of the Connecticut (regular) Medical Examining Board; Dr. Willis A. Dewey, Professor of Materia Medica and Therapeutics, and Secretary of the Homœopathic Medical College, University of Michigan.

General Discussion of a Model Medical Practice Act, Dr. H. S. Baketel, Editor of *The Medical Times*, New York City; Dr. Beverley D. Harison, Secretary of the Michigan Board; Dr. Walter P. Bowers, Secretary of the Massachusetts Board; Dr. George H. Matson, Secretary of the Ohio Board; Dr. I. W. Cooper, Member of the Mississippi Board (Newton, Miss.).

General Discussion of Credentials and the Evil of the "Equivalent," Dr. Frank B. Cross, Assistant Dean and Secretary of the College of Medicine in the University of Cincinnati; Dr. Henry W. Briggs, President of the Delaware (regular) Board; Dr. Guilford H. Sumner, Secretary of the Iowa Board; Dr. Gardner T. Swarts, Secretary of the Rhode Island Board; Dr. C. T. Nolan, Secretary of the Georgia Board.

General Discussion of Practical Examinations, Dr. R. W. Powell, Registrar of the Medical Council of Canada; Dr. T. A. McCann, President of the Ohio Board; Dr. David A. Strickler, Secretary of the Colorado Board; Dr. Emil Amberg, Chairman of the Committee on the Control of the Specialties appointed by the Michigan State Medical Society; Dr. G. F. Harding, Secretary of the Utah Board.

"Reciprocity," Dr. John Montgomery Baldy, President of the Pennsylvania Bureau of Medical Education and Licensure.

Discussion by Dr. George L. LeFevre, President of the Michigan Board; Dr. W. Scott Nay, Secretary of the Vermont Board; Dr. Thomas McDavitt, Secretary of the Minnesota Board; Dr. Herbert Old, Secretary of the Virginia Board.

Food and Drugs Act.

ADULTERATORS AND MISBRANDERS OF DRUGS FINED.*

Washington, D. C.—The Department of Agriculture has published several Notices of Judgment, covering the results of prosecutions under the Food and Drugs Act.

The Rhode Island Pharmacy (Inc.), Samuel A. Richardson, Henry W. Smith, Moses Sexton, Henry Walters and Peter J. Duncan were each charged by the Government with the sale, or offering for sale in Washington, of "Dilute Hydrochloric Acid," the adulteration of which was alleged in that it did not meet the standard of strength and purity determined in the United States Pharmacopoeia. Misbranding was alleged for the reason that the product was labeled to mislead and deceive the purchasers into believing that it was a dilute hydrochloric acid conforming to the standard set forth in the U. S. Pharmacopoeia, when as a matter of fact it was not. On June 18, 1913, the court imposed a fine of $10 in each of the first four cases mentioned above; on June 19, 1913, Henry Walters was fined $10, and on June 20, 1913, Peter J. Duncan was fined an equal amount.

Magnus, Mabee & Reynard, a corporation of the State of New York, was charged with the shipment from the State of New York into the State of Pennsylvania, of a quantity of oil of bitter almond which was adulterated. The shipment was labeled "Oil Bitter Almond USP Magnus and Lauer, New York. Packed for Shipley Massingham Co., Pittsburgh, Pa., 1 lb. net wgt. U. S. Ser. No. 1245," and adulteration was alleged for the reason that the shipment did not answer the requirements for oil of bitter almond recognized in the United States Pharmacopoeia in that it was deficient in hydrocyanic acid and contained chlorinated products. On May 22, 1913, the defendant company entered a plea of guilty, and on May 23 the court imposed a fine of $100.

This company was also charged with having shipped into the State of Pennsylvania a quantity of oil of cassia which was adulterated and misbranded. The product was labeled "Importers and Manufacturers Purity and Strength, Oil Cassia. Magnus & Lauer, New York, U. S. A. Packed for Shipley Massingham Co., Pittsburgh, Pa. Serial No. 1245, 4 ozs. Net Weight." Analysis of a sample by the Bureau of Chemistry showed that it differed from the standards determined in the U. S. Pharmacopoeia, and that it contained rosin and lead. For these reasons it was alleged that the product was adulterated. Misbranding was alleged in that the label would indicate that the drug was oil of cassia, whereas it was a mixture of oil of cassia and rosin. It was also charged that a quantity of oil of anise included in the above shipment was adulterated. This product was labeled "Importers and Manufacturers, Purity and Strength. Oil Anise. Magnus & Lauer, 92 Pearl St., New York, U. S. A. Packed for Shipley Massingham Co., Pittsburgh, Pa., Serial No. 1245, 4 oz. net weight." Analysis of a sample of the product showed that it did not meet the requirements recognized in the U. S. Pharmacopoeia. On May 22, 1913, the defendant company entered a plea of guilty to the Government's charges, and on May 23 the court imposed a fine of $50.

*Released for afternoon papers of Feb. 19, 1914. Office of Information, U. S. Dept. of Agriculture.

Rheumatic Affections—

all hot, painful, swollen, inflamed joints, due to faulty metabolism — retention, and impeded elimination, of body-waste; are speedily relieved and the way to physiological repair opened up, by the intelligent, prompt use of

Antiphlogistine
TRADE MARK

NOTE — Apply Antiphlogistine, as hot as can be borne by patient, around the *entire* joint; cover with cotton and a *comfortable* bandage. Remove when "ripe" or when peels off nicely. Antiphlogistine *does not interfere with your internal* medication, Doctor — its *composition* being known to you.

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Publisher's Department

Classified Advertisements

JOURNAL subscribers are entitled to free insertion of classified advertisements under the headings: WANTED—*Apparatus, Assistant, Books, Interne, Location, Partner, Situation.* A fee of 15c is charged if answers are sent c/o JOURNAL. Remittance must accompany the order.

Race Betterment Conference.

National and even International attention has been directed toward the Race Betterment Conference, which was recently held at the Battle Creek Sanitarium, Battle Creek, Michigan. In the attendance of four hundred were included many of this country's most eminent eugenists, sociologists, physicians, dentists, criminologists, statisticians, insurance actuaries, reformers, clergymen, educators, psychologists, biologists and scientists generally. The gathering was both diagnostic and therapeutic in its aims. Just what influences are tending toward race degeneracy were made clear from a hundred different points of view. But what was more significant was that constructive programmes were not wanting. Many of the speakers showed that a new race was merely a question of educating the people to recognition of the harmfulness of so much of our modern life.

It was particularly appropriate that this Conference, the first of its kind, should have been held at the Battle Creek Sanitarium. This institution, since its inception, has stood for the natural methods of healing and for the rational life which would prevent most of the diseases of mankind. An active propaganda has been maintained here for many years in favor of nature's prophylaxis, fresh air, exercise, simple diet based on physiologic needs, and other agents for longevity and race improvement. Better babies, better children and better adults have resulted from the ministrations which the tens of thousands of patients have received at the great Michigan institution. It is likely that the Race Betterment Conference will be an annual feature at Battle Creek and that wider and wider will grow the influence of this great Sanitarium.

Veratrum In Arterio-sclerosis.

Veratrum is specifically indicated in some cases of arterio-sclerosis, says O. C. Welbourn, M. D. It should be given in small doses for several weeks.

Potassium bichromate is said to be an efficient remedy against warts. It is only necessary to paint the warts several times a day with a saturated solution of the chemical.

Belladonna is used externally in spinal tenderness with congestion, congestive occipital headaches and lumbago.

In reflex vomiting without prostration or exhaustion, aconite is valuable. This is particularly true of some cases of vomiting of pregnancy.—Medical Summary, May, 1913.

Mother—"Here's a telegram from Jack. He's been hurt in the football game."

Father—"What does he say?"

Mother—"Nose broken. How do you prefer it set, Greek or Roman?"—Ex.

Gunshot Wound of Shoulder.

Dr. Fernando F. Barcena, Mexico City, Mexico, cites the following case:

A soldier was shot while in action in front of my office, February 13th, 1913. The ball being a soft nose mauser—the force of which was partly spent—made a large, ugly wound in the shoulder and fractured the scapula. The wound bled freely from small blood vessels, and the patient was in an alarming condition from loss of blood when I reached him. He was carried into my office, where I made some Glyco-Thymoline quite hot and I syringed the wound with it. This stopped the hemorrhage promptly, after which I dressed the wound once daily with Glyco-Thymoline, full strength, for two weeks, when I dismissed the case cured.

During the entire treatment there was not one drop of pus formed, which indicated to me that Glyco-Thymoline is an absolute antiseptic.

Saunders' Catalogue.

W. B. Saunders Company, Publishers, of Philadelphia and London, have just issued an entirely new eighty-eight page illustrated catalogue of their publications. As great care has evidently been taken in its production as in the manufacture of their books. It is an extremely handsome catalogue. It is a descriptive catalogue in the truest sense, telling you just what you will find in their books and showing you by specimen cuts, the type of illustrations used. It is really an index to modern medical literature, describing some 250 books, including 20 new books and new editions.

A postal sent to W. B. Saunders Company, Philadelphia, will bring you a copy —and you should have one.

Bacterial Vaccines

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Acne Vaccine (Acne Bacterin).
For the treatment of non-pustular acne characterized by the presence of comedones.

Acne Vaccine, Combined (Acne Bacterin, Combined).
For the treatment of the pustular types of acne.

Catarrhal Vaccine, Combined.
For the treatment of catarrhal infections.

Colon Vaccine (Colon Bacterin).
For the treatment of colon infections, such as those of the genito-urinary and biliary tracts.

Combined Bacterial Vaccine (Van Cott).
For the treatment of erysipelas, puerperal sepsis, phlegmon, mastoiditis, malignant endocarditis, acute tonsillitis, etc.

Furunculosis Vaccine.
For the treatment of boils, carbuncles, impetigo contagiosa and sycosis staphylogenes.

Gonococcus Vaccine (Gonococcus Bacterin).
For the treatment of acute gonorrhea and its complications.

Gonococcus Vaccine, Combined (Gonococcus Bacterin, Combined).
For the tretament of gonorrheal infections complicated by the presence of staphylococci.

Pertussis Vaccine (Pertussis Bacterin).

Pertussis Vaccine, Combined (Pertussis Bacterin, Combined).
For the prophylaxis and treatment of whooping-cough.

Staphylococcus Vaccine (Albus) (Staphylococcus Albus Bacterin).

Staphylococcus Vaccine (Aureus) (Staphylococcus Aureus Bacterin).

Staphylococcus Vaccine (Citreus) (Staphylococcus Citreus Bacterin).

Staphylococcus Vaccine, Combined (Staphylococcus Bacterin, Combined).
For the treatment of furunculosis and carbuncle, sycosis, suppurative acne, eczema, felons, osteomyelitis, etc

Streptococcus Vaccine (Streptococcus Bacterin).
For the treatment of erysipelas, puerperal septicemia, cellulitis, septic endocarditis, lymphangitis, the secondary infections of pulmonary tuberculosis, etc.

Urethritis Vaccine, Combined (Urethritis Bacterin, Combined).
For the treatment of urethral infections due to a variety of strains of bacteria in combination with the gonococcus

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Rubber-stoppered glass bulbs of 1 Cc.,	package of four,	$1.00
Graduated syringe containers,	package of four,	2.00
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Meningococcus Vaccine (Prophylactic): Meningococcus Bacterin (Prophylactic).
For prophylactic treatment against meningitis.

Typhoid Vaccine (Prophylactic).

Typhoid-Paratyphoid Vaccine (Prophylactic).
For prophylactic treatment against typhoid fever.

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Rubber-stoppered glass bulbs of 1 Cc.,	package of three,	$0.75
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Graduated syringe container,	package of one,	.75
Hospital package,	30 bulbs,	3.50

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Publisher's Department (continued)

Bacterial Vaccine Therapy.

Treatment of infectious diseases with preparations derived from corresponding micro-organisms is unquestionably growing in favor. Not only do the bacterial vaccines (or bacterins) seem destined to a permanent place in therapeutics, but their field of applicability is constantly broadening. Proof of this is seen in the growing list of these products announced by Parke, Davis & Co., no less than nineteen of the vaccines now being offered to the profession.

There are a number of reasons for the favor which is being accorded to the bacterial vaccines. In the first place these products are in consonance with the scientific trend of present-day medication. They are being used with a gratifying measure of success. The way in which they are marketed (sterile solutions in hermetically sealed bulbs and in graduated syringes, ready for injection) appeals to the modern medical man, since it assures both safety and convenience. The moderate prices at which they may be purchased also tend to give them vogue.

The Relief of Enteroptosis.

The many reflex ills that are caused by enteroptosis emphasize the great importance of overcoming this condition at the earliest possible moment by affording proper abdominal support. Many different belts and devices have been brought forward for this purpose, but none has ever given the satisfaction that the Storm Binder has. This effective supporter has the great advantage of providing adequate support with minimum pressure. As a consequence, although the Storm Binder supplies gratifying relief and brings the abdominal viscera up into position, it does not constrict the abdomen nor offer the slightest obstacle to free muscular movement. For the obese or those afflicted with a relaxed abdomen there is nothing that will prove as thoroughly effective and at the same time afford as complete comfort as a Storm Binder. Made of splendid material, these Binders keep their shape and wear indefinitely.—The Journal-Lancet, Jan. 1, 1913.

AFTER THE ACUTE DISEASES

such as **typhoid fever, pneumonia, pleurisy, influenza,** or those requiring **surgical operations,** the return to health often depends on the thought and attention given to restorative treatment. If, however, a reconstructive like

Gray's Glycerine Tonic Comp.

is used, the result is rarely, if ever, in doubt. Unlike many remedies commonly used to promote convalescence, "Gray's" does not act by "whipping up" weakened functions. On the contrary, it improves the appetite, gives valuable aid to the digestive and absorptive processes, and reinforces cellular nutrition in ways that insure a notable gain in vitality and strength.

Weakness and debility vanish as vitality and strength appear. This is why "Gray's" is so useful and effective **"after the acute diseases."**

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when selecting a reliable nutrient in the treatment of Typhoid and all low fevers,

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It requires only the addition of water, to make a delicious food-drink of very wide application, and possesses many advantages in cases where milk is indicated as the chief diet.

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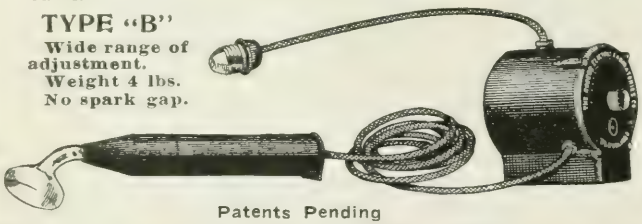

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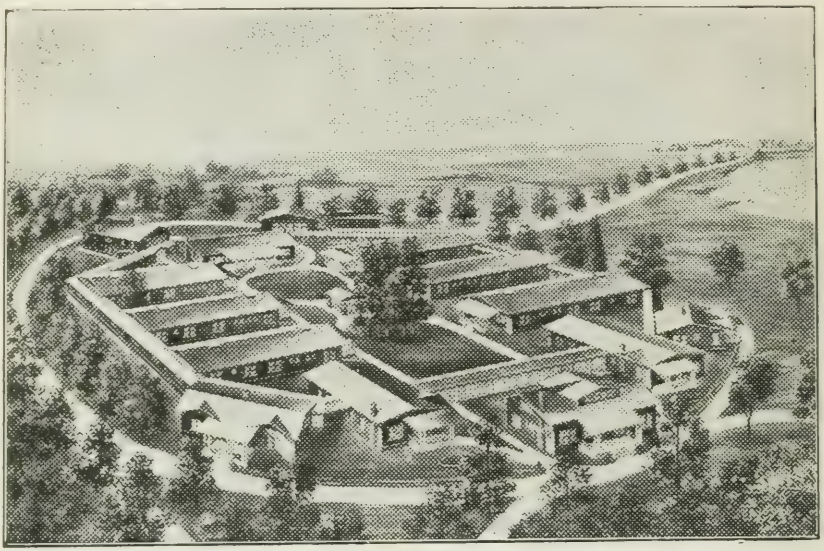

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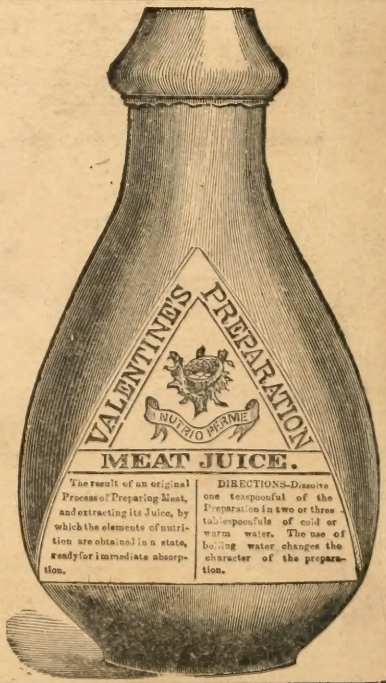
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